

7 Wells Street, Suite 303

Saratoga Springs, NY 12866 Phone: (518) 583-4019 Fax: (518) 583-3350 www.yarinsky.com

First Name: Last Name:	New Patient Data Form	n Updated Patient Data I	Form Acct. #
Primary Language Primary Language Primary Language Present Contact me Present Conta	First Name:	Last Name:	Birth Date
Please check contact preference: Home telephone:	Address:		may use to contact me
Please check contact preference: Home telephone:/		Pr	imary Language
Home telephone:	Name of Significant Other:		
Work telephone:			
Cell telephone:			may use to contact me
Reason for visit/consultation: Continuity Continuity			
Reason for visit/consultation: Other Patient Interests. Please circle all that apply. Facial Services: Body Contouring Services: Facial/Body Services-Non-Surgical Face/Neck Lift Breast Augmentation Preventative and Corrective Skin Care Products/Treatments Blepharoplasty (Eyelid Lift) Breast Lift Laser Genesis Facial UltraPulse Laser Resurfacing Liposuction Fat Removal Microdermabrasion w/Serum Infusion Nose Reshaping Abdominoplasty (Tummy Tuck) Liposuction Fat Removal Microdermabrasion w/Serum Infusion Rosacea, Age/Sun Spots, Hyperpigmentation Preventing/Reversing Sun Damage Facial Capillary Amoval (Harm Lift) Frewind Microdermabrasion w/Serum Infusion Rosacea, Age/Sun Spots, Hyperpigmentation Preventing/Reversing Sun Damage Facial Capillary Reversing Sun Damage Facial Capillary Removal Latisse® Eyelash Enhancement Litherapy® Facial Skin Lifting Massage/Reflexology Massage/Reflexolo			
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Nose Reshaping			
Cheek/Chin Reshaping Lipoabdominoplasty Brachioplasty (Arm Lift)	•	•	
Lip Enhancement Brachioplasty (Arm Lift) Facial Capillary Removal Ear Reshaping Inverted Nipple Correction Latisse® Eyelash Enhancement Fat Injection − Filler Gynecomastia (Male Breast Reduction) Face fillers-Juvéderm™* Thigh Lift Massage/Reflexology Restylane*/Radiesse*/Belotero* Thigh/Buttock Lift Cellulite Reduction/Endermologie/Lipomassage™ Sculptra* Tattoo Removal (by excision) Kybella* Feminine Intimate Surgery − Labiaplasty/Hymen Repair Leg Spider Veins Scar Revision Laser Hair Removal **Non-surgical treatment administered by Board Certifled plastic and cosmetic surgeon Who or what referred you to our practice? Have you seen our: Website Yellow Pages ads Newspaper ads Television ads (check all that apply) Where else have you heard about or obtained information on our practice? Have you received mailings from us? Yes No Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Steven Yarinsky will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient. I acknowledge that the above information is complete and accurate, and has been provided to Saratoga Springs Plastic Surgery, P.C. I reserve the right to provide updated information to the practice. The practice may periodically request that I update my patient information. The above information including general health history is only for initial discovery; additional information may be requested to qualify or disqualify me as a candidate for a certain procedure(s).			
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"Who or what referred you to our practice?	Botox® Cosmetic*/Xeomin*	Labiaplasty/Hymen Repair	Leg Spider Veins
Who or what referred you to our practice?	Scar Revision		Laser Hair Removal
Have you seen our: Website Yellow Pages ads Newspaper ads Television ads (check all that apply) Where else have you heard about or obtained information on our practice? Have you received mailings from us?Yes No Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Steven Yarinsky will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient. I acknowledge that the above information is complete and accurate, and has been provided to Saratoga Springs Plastic Surgery, P.C. for the exclusive use of the practice in serving my interests and desire for treatment by Saratoga Springs Plastic Surgery, P.C. I reserve the right to provide updated information to the practice. The practice may periodically request that I update my patient information. The above information including general health history is only for initial discovery; additional information may be requested to qualify or disqualify me as a candidate for a certain procedure(s).			
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