Freeman
PLASTIC SURGERY
IDAHO FALLS & JACKSON HOLE

1855 Madison Ave.
Idaho Falls, ID
(208) 881-5351
www.DrMarkFreeman.com

Patient Information Form

Patient Name: _____ Nickname: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Social Security Number: _____

Preferred Contact Method(s)	Method		Ok to Leave Voicemail	Ok to Leave Message with Another Person
☐	Cell Phone:		☐Yes ☐No	☐Yes ☐No
	Cell Phone Carrier (e.g. AT&T, Verizon, etc.):			
☐	Home Phone:		☐Yes ☐No	☐Yes ☐No
☐	Work Phone:		☐Yes ☐No	☐Yes ☐No

We offer electronic communication for appointment reminders, office news, and special promotions to the e-mail address and cell phone on file. Please indicate your consent for us to communicate with you electronically.

☐ Yes, Text me Appointment Reminders and Office Promotions

☐ Yes, E-mail me Appointment Reminders , Medical Information and Office Promotions

Preferences

Which pharmacy do you use? _____ Pharmacy Phone #: _____

Who is your primary care physician? _____ PCP Phone: _____

Emergency Contact

Name: _____ Relationship: ☐ Spouse ☐ Parent/Guardian ☐ Other: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____