SELF PAY COSMETIC FORM

- 1. To book a case call Central Scheduling at 212/979-4228
- 2. Complete this form and submit it to the Admitting Office with the Consent (at least 48 hrs. prior to surgery). *Please note that any surgeries scheduled prior to 9:00 a.m. must have a completed **History and Physical** prior to the date of surgery.
- 3. Please fax the completed form to: (866) 333-0174. Call (888) 744-1470 if questions.
- 4. **Delafield Rooms** (private, hotel type rooms) are available with a reservation at an extra charge, subject to availability. To book a Delafield Room dial 212/979-4309.
- 5. PHOTOGRAPHY CANNOT BE PROVIDED THE DAY OF SURGERY.
- 6. FOR MAC ANESTHESIA RECOVERY ROOM NURSE IS REQUIRED.
- 7. Any portion of this form left blank may result in postponement of surgery.

DEMOGRAPHIC INFORMATION Patient's Name: Last First						
Date of Birth		Age		Gender (M/F)		
Patient's Address						
State	Zip Code	Home #			Work #	
SURGICAL INFORMATION Primary Surgeon: Primary Procedure:						
Date of Surgery	ate of Surgery Anes		nesthesia Type:			LOCAL
Pre-op Diagnosis						
PROCEDURE COST Laser Type (if needed): Hours Requested (Procedure Fee based on this time): Pathology Service: NO YES Cost: \$ 130.00 Recovery Room: NO YES Cost: \$ 495.00 DELAFIELD ROOM: NO YES Cost: \$1800.00						
		TOTAL:				

PRICE QUOTED BY (Case Rep Name):

‡PATIENTS BOOKED AS INPATIENTS (SEMI PVT) WILL BE CHARGED \$800.00 PER NIGHT (this fee does not include a Delafield Room).

Revised: lcm05/04, 08/05, 5/07, 7/07,4/08

^{*}NO PRICE QUOTE IS HONORED UNTIL VERIFIED AND APPROVED BY THE ADMITTING OFFICE.

[†]IMPLANTS ARE NOT INCLUDED IN THE PRICING RATES.