

PATIENT INFORMATION FORM

Welcome to Dr. Shibayama's office! We appreciate the opportunity to meet with you to discuss healthy skin and your skin care needs. Please take a minute to fill out basic information and review our cosmetic practice policies.

Name _____ DOB _____
E-mail _____ Appointment Confirmation Phone # _____
Address _____ City _____ St _____ Zip _____
Home Phone _____ Work Phone _____
Emergency Contact _____ Emergency Contact Phone # _____

REFERRAL INFORMATION

Primary Care Physician _____ Referred By _____

How did you learn about us?

- Friends Physician Yellow Pages Web Page/Internet Seminar

HOURS

Our normal office telephone hours are 8:30 am to 4:30 pm Monday through Friday. Our receptionist is instructed to handle all incoming calls. After hours emergencies should be directed to our main number: 530.886.6700.

POLICIES

- Consultations are free of charge.
- We are unable to estimate the cost of procedures until the physician has completed an evaluation of your specific needs.
- There is a \$150 fee for all scheduled procedures that are not kept, unless at least 24 hours advance notice of cancellation has been provided.
- There is a \$25 fee for each cancelled check.
- For your convenience, we accept VISA, MasterCard, ATM, cash and personal checks.

I understand all procedures are considered to be cosmetic (and therefore not covered by insurance) and I agree to pay for the procedure(s) in full at the time of service.

Signature _____ Date: _____