

AU PLASTIC SURGERY, PLLC
Victor K. Au, MD

1829 E. Franklin St., Bldg 200A, Chapel Hill, NC 27514 #919-967-3161 Fax #866-801-2443

Today's Date _____

PLEASE PRINT

Verified ID by Driver's License _____
office use only

Patient Name _____

Last First Middle
Address

Street / Apt # City State Zip

Home Phone _____ Cell Phone _____ Other _____

Age _____ Birth Date _____ Sex Male Female

Race/Nationality African American Caucasian Hispanic Asian Native American Other (optional)

Marital Status: Single Married to _____ Divorced Other

Any restrictions for contacting you? yes no Check if you prefer we **NOT** contact you: At Home By Cell By E-Mail

Your Employer _____ Occupation _____

Work Phone _____ Ext _____ May we call you at work? Yes No

Emergency Contact

Relationship _____

Home Phone _____ Work _____ Cell _____

Your E-Mail _____

Who may we discuss your medical condition with? _____

How did you hear about the practice? Friend who? _____ Google search Yellow Pages Other

This is why I am here to see Dr. Au:

This is how I think Dr. Au can help me:

The area I most want improved:

I understand that certain charges are payable on the day that service is rendered. If the service is a covered procedure, I authorize Dr. Victor K. Au to bill my insurance company. Regardless of insurance coverage, I understand that I am responsible for all bills being paid in a timely manner. I further understand that my contract is between Dr. Victor K. Au and myself. I acknowledge that I have been shown the HIPAA notice for this practice, and a copy has been offered to me.

Print Name _____ Signature _____ Date _____