

**NEWPORT COAST PLASTIC SURGERY
A MEDICAL CORPORATION
JAE CHUN M.D.
(949) 644-5000 FAX (949) 644-5562**

Name: First _____ Last _____ M.I. _____ AGE: _____

How would you liked to be addressed by our staff? _____

Date of birth ____/____/____ Driver's license # _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Cell # (____) _____

Work # (____) _____ Fax # (____) _____

Email: _____ May we contact you via email? Yes ___ No ___

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___

Name of Spouse _____

Is your spouse authorized to speak to our staff on your behalf? Yes _____ No _____

Language _____ Race _____ Ethnicity _____

Emergency Contact Name _____ Phone # (____) _____

Has Dr. Chun done surgery on a friend or family member? Yes ___ No ___ If yes, who? _____

How did you hear about Dr. Chun? _____

EMPLOYMENT INFORMATION: Are you a full time student? Yes _____ No _____

Employer _____ Occupation _____

Employment Status: Full time _____ Part Time _____ Retired _____ Date Retired ____/____/____

Employer's Address _____ City _____ State _____ Zip _____

FINANCING:

I ACKNOWLEDGE THAT THIS OFFICE IS STRICTLY A CASH BASED OFFICE AND DOES NOT ACCEPT INSURANCE. ARE YOU INTERESTED IN OBTAINING FINANCING?

Yes ___ No ___

PATIENT SIGNATURE _____ DATE _____