

220 Montgomery St.
Suite #348
San Francisco, CA 94104

Roy Kim, MD
Plastic and Reconstructive Surgery
Hand and Microvascular Surgery
www.drkim.com

TEL (415) 362-1846
FAX (415) 399-9687
drkim@drkim.com

CONFIDENTIAL INFORMATION SHEET (Please Print)

Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Gender M F Marital Status M S D W

Date of Birth _____ Age _____ Social Security Number _____

Referred by/referral source: _____

Emergency Contact _____ Phone Number _____
(NAME) (RELATION)

Primary Care Physician _____ Office Phone Number _____

EMPLOYMENT INFORMATION

Employer _____ Phone _____

Address _____ Occupation _____

Insurance Carrier and/or Medical Group _____ ID# _____

How Did You Hear About Dr. Kim? Friend Relative Dr. Kim's Website Other

SOURCE _____

If visited Dr. Kim's Website we would appreciate your feedback. Thank you!

I understand that I am personally responsible for all charges incurred, whether or not they are reimbursed by other parties. I hereby authorize Roy Kim, MD, to furnish to the above insurance companies and/or representatives or to authorize the above to pay directly to Dr. Roy Kim any medical and/or major medical benefits otherwise payable to me for his services, but not to exceed my indebtedness to him.

SIGNATURE OF PATIENT OR GUARANTOR

SOCIAL SECURITY # OF GAURANTOR

_____ Please check here if you would like to be put on our cosmetic mailing list for information and promotions