



Advanced Aesthetics, P.C.
PLASTIC SURGERY CENTER

- Paul D. Feldman, M.D., F.A.C.S., F.I.C.S.
- Edward S. Gronka, M.D., F.A.C.S.
- Joseph Raniere Jr., M.D., F.A.C.S.

- Fayetteville* (in the Prestige Park building)
874 Lanier Ave. W., Suite 100, Fayetteville, 30214
- McDonough* (in the Town Centre complex)
86 Vining Drive, McDonough, 30253
- Newnan* (in Oak Hill Professional Park)
60 Oak Hill Blvd., Suite 201, Newnan, 30265

Please Print Clearly

Registration Form

① Patient Information

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

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____ Gender: (circle) Male Female

Best phone# to contact patient: _____ other#: _____

Occupation: _____ Employer: _____ Wk# _____

Marital status: _____ E-Mail address: _____

Referring Doctor: _____ Primary Doctor: _____

② Spouse or Responsible Party Information

Name: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____ Gender: (circle) Male Female

Phone #'s- Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Relationship of responsible party to patient: _____

③ Emergency Contact (Other Than Spouse)

Name: _____ Phone#: _____ Relationship: _____

④ Insurance Information

Primary Ins. Company: _____ Subscribers name: _____

Date of birth: _____ SS#: _____ Relationship to patient: _____

Insurance #: _____ Plan/Group #: _____

Secondary Ins. Co.: _____ Subscribers name: _____

Date of birth: _____ SS#: _____ Relationship to patient: _____

Insurance #: _____ Plan/Group #: _____

Authorization: I, _____ hereby authorize Dr. Paul Feldman, Dr. Edward Gronka & Dr. Joseph Raniere to render care to me as their patient. I also authorize them to furnish information concerning my present illness. I direct the insurance company to pay without equivocation, directly to the physician, all benefits due them as a result of this claim. Although covered by insurance, I am aware that I am personally responsible for all charges. A photostatic copy of this authorization will be as valid as the original.

Signature of Responsible Party

Date

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