DR. SUZANNE YEE Cosmetic & Laser Surgery Center
12600 Cantrell Road, Suite 100 / Little Rock, AR 72223 / Phone 501.224.1044 / Toll Free 866.831.1044 / Fax 501.224.0447 / drsuzanneyee.com

SUZANNE YEE, M.D.

5012241044

Patient Information as of _____ (enter today's date)

(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name _____
First Middle Last

Address _____
Street & Apt # City State Zip

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you? ❒ No ❒ Yes E-mail _____

Contact Restrictions: _____

Age _____ Birthdate ___/___/___ SS# ___-___-___ Gender ❒ Female ❒ Male

Marital Status ❒ Single ❒ Married to: _____ ❒ Other: _____

Patient's Employer _____ Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? ❒ Yes ❒ No

Address _____
Street & Suite # City State Zip

Spouse's Employer/Occupation _____

How did you hear about Dr. Yee? (Mark all that apply)

❒ TV News ❒ TV Ad ❒ Phone Book ❒ Magazine ❒ Newsletter ❒ Seminar ❒ Salon ❒ Web

❒ Friend/Relative: _____ ❒ Doctor: _____ ❒ Other: _____

If you were referred by a specific person, may we thank them? ❒ Yes ❒ No

Emergency Contact
(Not in your household) _____ Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Areas of Interest: (mark all that apply)

Facial Procedures
- ❒Blepharoplasty (Eyes)
- ❒Botox
- ❒Brow or Forehead Lift
- ❒Earlobe Repair
- ❒Facial Liposuction
- ❒Face or Neck Lift
- ❒Lip Enhancement
- ❒Otoplasty (Ear Pinning)
- ❒Rhinoplasty/Nose Reshaping
- ❒Laser Resurfacing
- ❒Wrinkle Fillers (Injections)

Breast Procedures
- ❒Breast Augmentation
- ❒Breast Reconstruction
- ❒Mastopexy (Breast Lift)

Body Procedures
- ❒Abdominoplasty (Tummy Tuck)
- ❒LipoSelection/Smart Lipo

Other Procedures
- ❒Skin Care
- ❒Facial Veins/Leg Veins
- ❒IPL/Photofacial Treatment
- ❒Laser Hair Removal
- ❒Laser Tattoo Removal
- ❒Laser Leg Vein Removal
- ❒Lesions / Moles
- ❒Skin Tightening/Thermage
- ❒Cellulite Reduction
- ❒Chemical Peel
- ❒Vibraderm

I understand that office visit charges are payable on the day service is rendered.

Signature _____ **Date** _____