

Drs. Louise Stewart, Alexis Dougherty, Rikk Lynn, & Robert Sheffield

All physicians are Board Certified Dermatologists or Plastic Surgeons

Patient Name _____
 Email Address _____
 Home Address _____
 City _____ State _____ Zip _____
 Primary Doctor _____
 Person who referred you to us _____
 Employer _____

Home Phone# _____
 Cell Phone# _____
 Work Phone# _____
 Date of Birth _____ Sex _____
 Social Sec # _____ MartialStatus- S/M/D/W _____
 Spouse's Name _____
 Spouse's Date of Birth _____

Person Responsible for Payment (if information different)

Name _____
 Email Address _____
 Home Address _____
 Employer _____
 Emergency Contact _____
 Emergency Phone # _____

Date of Birth _____ Social Sec # _____
 Relationship to Patient) _____
 Work Phone# _____
 Cell Phone # _____

Primary Insurance

Insurance Address _____
 Plan or Policy # _____
 Employer _____

Name of Insured _____
 Insurance Phone # _____
 Subscriber ID# _____ DOB _____

Secondary Insurance

Insurance Address _____
 Plan or Policy # _____

Name of Insured _____
 Insurance Phone # _____
 Subscriber ID# _____ DOB _____

Assignment of Payment and Authorization to Release Information

For those insurance companies to which Dr. Alexis Dougherty must submit the billing or is a participating physician, I assign all medical and surgical benefits to be made to Dr. Alexis Dougherty. I authorize release of my medical records for insurance or medical purposes. Health and accident insurance policies are an arrangement between the carrier and the patient. I understand that I am financially responsible for all charges whether or not paid by my insurance.

Signature _____ Date _____

Consent to Treat

I give consent to Dr. Dougherty/ Dr. Stewart/ Dr. Lynn/ Dr. Sheffield for the examination and treatment of my medical condition.

Signature _____ Date _____

Alexis Dougherty, Inc

CaSkin2016@gmail.com

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