

Ageless Beauty Cosmetic Surgery
Dr. John A. Standefer, Jr.
Patient Registration

Please print out this form and fax it to our office at
(972) 298-2437

If you have any questions please call us at
(972) 296-1587

Patient's Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

Social Security Number: _____ Drivers License#: _____

Employer: _____ Occupation: _____

Work Phone: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Spouse's Name: _____

Spouse's Employer: _____ Occupation: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

In the event of an emergency, whom should we contact:

Primary Insurance: _____

Name of Subscriber: _____

Social Security # of Subscriber: _____

Certificate Number: _____ Group Number: _____

Please let us know how you heard about us.

Today Newspaper

Waxahachie Daily Light

Nu Image

Friend: _____

Seminar

Yellow Pages (local)

Yellow Pages (Dallas)

Internet

Sign