

Lorin Busselberg, M.D.
24004 Highway 59 N
Kingwood, TX 77339
Phone: (281)-852-9000
Cosmetic Plastic Surgery

PATIENT REGISTRATION FORM

Date: _____

Patient Name: _____

First MI Last

Address: _____

City State Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

Emergency contact name: _____

Phone: _____

Relationship: _____

Whom may we thank for this referral? _____

If you were referred to our center by a physician, please indicate who: _____

Reason for today's visit:

AIDS/HIV TESTING IN CASE OF ACCIDENTAL EXPOSURE:

I understand that if a healthcare worker is accidentally exposed to my blood or bodily fluids in such a way that the worker may be at risk for contracting Hepatitis B, Hepatitis C or AIDS, I will be required to have my blood tested, pursuant to Texas law and office protocols, to determine the presence of Hepatitis B, Hepatitis C or HIV antibodies. Test results will be kept confidential to the extent allowed by law and any information concerning my identity, in connection with such testing, will be destroyed after testing and notification of the healthcare worker who was exposed.

Patient Signature (parent or guardian if a minor)

Date