



Authorization for Communication of Medical Information

To our patients:

It is necessary for us to have a written consent in your medical file if you want us to be able to communicate any medical information about yourself to another individual. If you want us to release information to a family member such as a spouse, a parent, a sibling, your child/children, a significant other or any individual; you must indicate the name of that specific person(s).

We will be unable to release any information to anyone other than those indicated on this form.

I _____, hereby give my permission for the office staff of Daniel Hurd D.O., F.A.O.C.D. to release medical information about myself to:

Name of person you are authorizing Relationship

Name of person you are authorizing Relationship

Name of person you are authorizing Relationship

Name of person you are authorizing Relationship

I may cancel this authorization at any time by written notification. If this authorization is not revoked, it will remain in effect indefinitely.

Signature Printed Name Date

If you do not wish to authorize the release of your medical information to any individual, please sign below.

I, _____, decline to have any medical information in regard to myself released to any individual. All medical information will be communicated only to me.

Signature Printed Name Date



Cosmetic Interest Questionnaire

When I look in the mirror, I believe I look:

- Younger than I am
- My true age
- Older than I am

When looking at my face in the mirror, I am _____ about my wrinkles:

- Not concerned
- Somewhat concerned
- Very concerned

If there was one thing I could change about the appearance of my skin, it would be:

When considering cosmetic procedures I worry about:

Name: _____

Address: _____

Telephone: _____

Email: _____

Where did you hear about us?

Please send me information on future special offers by:

- Mail
- Telephone
- Email

Please do not send me information on special offers.

I would like more information on how to:

- increase eyelash length, thickness, and darkness
- remove wrinkles, frown lines, and crow's-feet
- give you firmer, smoother, more evenly toned skin
- make facial spider veins disappear
- create fuller, more supple lips and cheeks
- diminish sun spots, age spots, uneven pigmentation, and rosacea
- make scars nearly invisible
- reduce excessive sweating of the underarms and palms
- minimize bumps, pockmarks, acne scars, and depressions
- reduce large pores
- remove and permanently reduce unwanted hair
- erase sagging, puffy lower eyelids

Appointment Date: ____ / ____ / ____ Time: ____ a.m. / p.m. Provider: _____