



300 Locust Street, Suite 590 Akron OH 44302 Phone 330-374-9100 Fax 330-374-9103.

New <input type="checkbox"/> or Update: <input type="checkbox"/>	Date:	Chart #
<i>Dr. Lehman, Dr. Tantri</i>		
>>PATIENT INFORMATION <<<		
Last Name:	MI:	Sex: (Please Circle) <input type="checkbox"/> M <input type="checkbox"/> F
		Marital Status: (Please Circle) <input type="checkbox"/> S/ <input type="checkbox"/> M/ <input type="checkbox"/> W/ <input type="checkbox"/> D
First Name:	Title: (Please Circle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security Number:
Address:	Date of Birth & Age:	
City & State:	Zip Code:	Home Phone:
Work Phone:	Alternate Phone/Cell Phone:	Email:
Emergency Contact Name:	Emergency Contact Phone #:	Emergency Contact Relationship:

Referring Physician:	Phone #:
Primary Care Physician:	Phone #:
Employer:	Address:
	City/State/Phone #:
Allergies:	

>>INSURANCE INFORMATION <<<

Primary Insurance:	Policy or Social Security Number:	Group Number:
Address:	City/State/Zip Code:	Phone #:
Policy Holder:	Policy Holder's Date of Birth:	Employer:

Secondary Insurance:	Policy or Social Security Number:	Group Number:
Address:	City/State/Zip Code:	Phone #:
Policy Holder:	Policy Holder's Date of Birth:	Employer:

NO >>WORKER'S COMPENSATION INFORMATION <<<

Claim Number:	Date of Injury:	Employer (For Injury):
MCO Name:		

NO >>AUTOMOBILE ACCIDENT INFORMATION <<<

Name of Insured:	Name of Insurance Company:	Address:
City/State/Zip Code:	Date of Accident:	Policy #:
		Contact Name and Phone Number (If Known):

Signature: X

I acknowledge that I have been given the opportunity to review the Legacy Plastic Surgeons, Inc. Privacy Practices. The Privacy Practices are located in the waiting room. A copy is also available for me to have at the Reception Desk.