Robert Kotler, M.D., Inc.

436 N. Bedford Dr., Suite 201 Beverly Hills, CA 90210

(310) 278-8721

Patient Information

TODAY'S DATE_____

(**Please Print**)

Patient's Name:_____ Date of Birth: _____ Age: _____

If Minor: Mother's Name_____ Father's Name_____

Mother's Cell_____ Father's Cell_____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ **E-mail**** _____

Preferred Number: Home Work Cell

Employer: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

DL#_____ SS#_____ Work Phone:_____

Marital Status: Married Single Divorced Widowed Spouse's Name_____ Employer_____

Emergency Contact Name: _____ Phone: _____ Relationship:_____

How did you find Dr. Kotler: Facebook____ Instagram____ Twitter____ Google Search____ Website____ Other_____

Who referred you to our office: _____Relationship:_____

May we send them a thank you card: ____ YES ____ NO

Address: _____City: _____ State: _____ Zip: _____

INSURANCE INFORMATION

HMO or PPO? If PPO please fill out below:

1. Insurance Company: _____Group # _____

Address: _____ City: _____ State: _____Zip _____

Subscriber # _____ Telephone: _____

2. Co-Insurance: _____ Group # _____

I am also interested in the following:

_____Cosmetic Nasal Surgery for Appearance

_____Functional Nasal Surgery for Breathing

_____Face and Neck lift

_____Plastic Surgery of Ears

_____Non-Surgical Facial Rejuvenation (Deep Wrinkle Remover)

_____Non-Surgical Rhinoplasty

_____Eyelid Surgery

_____Chin Augmentation

_____Neck Sculpture

_____Facial Fillers

_____Botox/Dysport

_____Skin Care