ROBERT J. SPIES, M.D., P.C.
5410 N. SCOTTSDALE RD. SUITE C-100
PARADISE VALLEY, AZ 85253
Telephone (480) 890-0600
Fax (480) 461-3851

PRE-CONSULTATION FORM

(Please complete all items. Please print neatly)

Name:_____Date:_____

Name of your Family Physician or
Internist:_____

May we send a copy of our medical report to your physician? ❒Yes ❒No

Referred by:

Please Check One

❒My Doctor Name:_____)
❒Another Plastic Surgeon (Name:_____)
❒Telephone Yellow Page Listing
❒Another Patient (Name:_____)
❒Maricopa County Medical Society
❒American Society of Plastic and Reconstructive Surgeons
❒Newspaper or Magazine Article
❒Maricopa County Plastic Surgeons Society
❒Radio or Television Program
❒Other (Specify:_____)

Have you (or any member of your family) ever been treated by Dr. Spies for any condition before this visit ?

❒No If Yes, please explain_____

_____

Briefly state why you are seeking a Plastic Surgery consultation:_____

_____

Please state why you would like to have your particular disorder corrected:_____

_____

Do you have any specific concerns about any contemplated operation?_____

_____

Have you talked with any other Doctors about this surgery? ❒No ❒Yes

Their names:_____

Have you ever been treated by a Plastic Surgeon for any condition? ❒No ❒Yes

If so, when?_____Name of Surgeon:_____

Treated for what?_____