

WEST HOUSTON PLASTIC SURGERY CLINIC, P.A.

ERIC S. RUFF, M.D.

PLASTIC RECONSTRUCTIVE AND AESTHETIC SURGERY

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Houston, Tx 77024

713-468-5200

Please print all information clearly

New Patient? YES / NO

Patient's Name:

Last	First	Middle
Address:		
City:	State:	Zip:
Telephone:	Mobile:	
Do we have permission to contact you via text? YES / NO		
Marital status:		
Date of Birth:	Age:	
Email Address:		
Do we have permission to contact you via email? YES / NO		
Patient's Occupation:	Patient's Employer:	
Employer's address:		
City:	State:	Zip:
Name of Spouse:	Telephone:	
Next of Kin (other than spouse):	Telephone:	
Relationship:		

I hereby agree to pay my account as service are provided. If for any reason there is a balance owing on my account, I agree to pay promptly upon receipt of statement. I acknowledge and understand that I am responsible for all the charges for all the services rendered to me or any member of my family.

SIGNATURE: _____

DATE: _____

RELATIONSHIP IF MINOR: _____