



YOASH R. ENZER, MD, FACS  
Cosmetic, Laser, and Oculofacial Plastic Surgery  
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Date: \_\_\_\_\_

## Patient Registration Update

### PATIENT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

### PERSONAL PHYSICIANS

Medical Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### PHARMACY INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_

### POWER-OF-ATTORNEY

Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_

### SURGICAL HISTORY

List any surgeries and their dates since your last update:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICATIONS

List all of your current medications and any over-the-counter medications, including dosages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES TO MEDICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER

\_\_\_\_\_  
\_\_\_\_\_