

Houston Cosmetic Surgery Center

Dr. David D. Davila

12814 Willow Centre Dr.
Houston, Texas 77066
(281) 453-5100

PATIENT INFORMATION

DATE: _____

NAME: _____ HOME #: _____
PAGER #: _____ MOBILE #: _____ ALTERNATIVE #: _____
AGE: _____ BIRTH DATE: _____ SOCIAL SECURITY #: _____ - _____ - _____
ADDRESS: _____ CITY: _____ ST-ZIP: _____
EMPLOYER: _____ WORK # _____ x _____
REFERRED BY: _____

**THE ENTIRE SURGICAL FEE IS DUE 14 DAYS PRIOR TO YOUR SURGERY DATE
WE ACCEPT ALL MAJOR CREDIT CARDS, BANK ISSUED CERTIFIED OR CASHIERS CHECKS
AND CASH
CHECK PAYMENTS PAYABLE (14) FOURTEEN DAYS IN ADVANCE OF SURGERY**

1) Please circle below the type of surgery or procedure you are considering today:

BLUE PEEL	CHEMICAL PEEL	LIPO-SCULPTING
BREAST AUGMENTATION	CHEEK IMPLANTS	LIPS
BREAST	CHIN IMPLANTS	NECK
LIFT/REDUCTION	EYES	NOSE
BOTOX	FACE DERMABRASION	SKIN TREATMENT
CALF IMPLANTS	GENERAL SURGERY	TUMMY TUCK

2) Do you understand that the object of surgery is for improvement,
NOT perfection? YES NO

I hereby acknowledge that I have read the posted Dr. David D Davila Notice of Privacy Practices and may receive a copy upon request.

I understand that there is a two hundred dollar deposit to hold my surgery date and is non refundable if surgery is canceled. I further understand that payments are due by the date of service.

Signature / Responsible Party