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Orlando Cosmetic Surgery, LLC is in the process of implementing all patients to Electronic Health record (EHR).

Under the American Recovery and Reinvestment Act of 2009, certain demographic and health information is required in our forms. Therefore, there are several questions that we need from you for our records.

PATIENT NAME: _____

LANGUAGE OF CHOICE: _____

RACE:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White/Caucasian
- _____ Other: _____

ETHNICITY:

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

SMOKING:

- _____ Never Smoker
- _____ Current everyday smoker
- _____ Current some days smoker
- _____ Former smoker

Start date: _____

Quit date: _____

HEIGHT: _____

WEIGHT: _____