

The SHAW Center

Plastic Surgery • Skin • Laser

Lawrence Shaw, M.D.

Patient Information

Welcome to The SHAW Center. To help us better evaluate you, please complete the following forms.

Name _____ Occupation _____

Date of Birth ____/____/____ Age ____ Male ____ Female ____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone Number(s): (please check the best # for contact)

☐ Home # _____

☐ Cell # _____

☐ Work # _____

How did you hear about us? ☐ referral - Name _____

☐ advertisement - Where _____

☐ other _____

What procedure(s) are you interested in discussing today?

What other procedures are you interested in obtaining more information about?

Non-Surgical / Ancillary Procedures

- ☐ Botox
- ☐ Brown Spot(s) Reduction
- ☐ B-12
- ☐ Dermaplaning
- ☐ Facials
- ☐ Facial Fillers
- ☐ Facial Peels

- ☐ Laser Hair Reduction
- ☐ Laser Resurfacing
- ☐ Microdermabrasion
- ☐ Vein Reduction
- ☐ Waxing
- ☐ Other: _____