



**Wellesley
Cosmetic
Surgery**

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Patient Registration

Name _____ SSN _____

Street Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Sex M F Date of Birth _____ Age _____ Height _____ Weight _____

E-mail Address _____ Alternate Phone _____

Patient Employed by _____

Occupation _____ Work Phone _____

Have you been treated for any medical conditions? Yes No

If yes, what kind? _____

Are you or have you been treated for any psychological conditions? Yes No

List all surgical procedures you have had _____

List all allergies you have _____

List all current medications _____

Do you smoke? Yes No If yes, how much? _____

Do you have any children? Yes No If yes, how many? _____

How did you hear about our practice? _____

Do you wish a chaperone during this consultation Yes No

Procedures you wish to discuss with the doctor:

Breast Augmentation

Nose Reshaping

Breast Lift

Chemical Peels

Tummy Tuck

Eyelid Lift

Liposuction

Injectable Facial Fillers

Facelift

BOTOX® COSMETIC

Patient's Signature _____ Date _____

Certified by the American
Board of Plastic Surgery

Facility accredited by the Joint
Commission on Accreditation
of Healthcare Organizations

There is a \$75 consultation fee. Your appointment needs to be secured with a valid credit card. In case of a no show, your card will be charged a full consultation fee. If you cancel your appointment ahead of time, your card will not be charged.