Paul J. Talbot, MD · William L. Reno III, MD
40 Franklin Road
Hattiesburg, MS 39402
Phone (601) 296-3405 · Fax (601) 296-3409

PATIENT INFORMATION PROFILE

Patient Name: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Date of Birth: _____

Cell Phone: _____ Marital Status: _____

Employer: _____ Social Security #: _____

Occupation: _____ Employment Phone: _____

Employment Address: _____

Number of Children: _____ Ages: _____

Hobbies & Interests: _____

Spouse's Name: _____ Employer: _____

Significant Other: _____ Employer: _____

Employment Address: _____ Employer Phone: _____

May we correspond with you through mail at your home address? ☐ Yes ☐ No by Phone? ☐ Yes ☐ No

Have you ever had cosmetic surgery? ☐ Yes ☐ No If so, when? _____

Which procedure? _____

Doctor that performed the procedure? _____

Whom may we thank for referring you to our practice? (Please check)

☐ Friend ☐ Relative ☐ Another Patient ☐ Magazine Ad ☐ Yellow Pages ☐ Radio Ad ☐ Newspaper ☐ Other

Name of Person or Office referring you to our practice: _____

CLINICAL POLICY

I am responsible for payment of services rendered to me by this clinic. (If the patient is under 18, the parent requesting treatment assumes responsibility of all charges.) Full payment is due at the time of service. I understand that if my account should ever require action by a collection agency or attorney in order to insure payment, the fees charged by these agents may be added to the balance due and unpaid on my account

Signature: _____ Date: _____