Douglas A Taranow, DO
Plastic & Reconstructive Surgery
The Plastic Surgeon Who **Cares**

Last Name	First Name	Middle Initial
Birth Date	**Age**	**Marital Status**
SSN (Last 4 digits)	**Spouse, Parent or Guardian's Name if a Minor**	
Residence Address	**City**	**State** **Zip Code**
Home Phone Number	**Cell Phone**	**Email**
Name of Employer	**Occupation**	**Business Phone**

Name and Phone Number of contact in case of emergency:

_____

_____

How were you referred to Taranow Plastic Surgery?

www.taranow.com	**Rate MD**	**Real Self**
OK Magazine	**In Touch**	**Time Out NY**
Yelp	**Facebook**	**Spa Week**

Friend / Family (name) _____

I attest, to the best of my knowledge, the above information is accurate and true.

Signature: _____ *Date:* _____