

MARK R. SULTAN, M.D.
PATIENT DEMOGRAPHIC INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

OCCUPATION: _____

MARITAL STATUS: S M W D

SPOUSE NAME: _____

REFERRED BY: _____

(IF MD PLEASE FILL OUT ADDRESS)

ADDRESS: _____

HOME#: _____

WORK#: _____

CELL#: _____

EMAIL: _____

PHARMACY _____

(Name/address/phone #)

PHONE #: _____

INSURANCE:

PRIMARY: _____ SECONDARY: _____

ID#: _____ ID#: _____

POLICY#: _____ POLICY#: _____

GROUP#: _____ GROUP#: _____

PHONE#: _____ PHONE#: _____

I UNDERSTAND THAT DR. MARK SULTAN DOES NOT PARTICIPATE IN ANY INSURANCE PLANS. HE DOES NOT ACCEPT ANY INSURANCE AS FULL PAYMENT. I AM RESPONSIBLE FOR THE PAYMENT OF MY BILL. IF I UNDERGO AN OFFICE PROCEDURE, PAYMENT IS DUE AT THE TIME OF SERVICE. IF I UNDERGO NON COSMETIC SURGERY IN AN OPERATING ROOM SETTING BY DR. SULTAN, HIS STAFF WILL SUBMIT THE ITEMIZED BILL WITH SUPPORING INFORMATION TO MY INSURANCE COMPANY. IT IS MY RESPONSIBILITY TO FOLLOW UP WITH THE INSURANCE COMPANY AND MAKE SURE THAT DR. SULTAN RECEIVES PAYMENT.

PATIENT SIGNATURE: _____ DATE: _____

**MARK R SULTAN, MD
1100 PARK AVENUE
NEW YORK, NY 10128**

**(T) 212-360-0700
(F) 212-360-0719**

**CONSENT FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR
TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS**

NAME: _____

BIRTH DATE: _____

I understand that as part of my health care, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health care professionals who contribute to my care
- A means by which a third-party payer can verify that services billed were actually provided
- A tool for routine health care operations such as assessing care quality and reviewing the competence of health care professionals.

I understand that I have the right:

- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations – and that the organization is not required to agree to restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information:

Patient:

X _____
Signature of Patient or Legal Representative

Date

Mark R. Sultan M.D.

Please complete all information

Name _____ Date of birth _____

Medical History

List any allergies to medications _____

List all medications you are taking, including vitamins, homeopathic and herbal remedies _____

Do you smoke yes ___ no ___ how often? _____

List previous surgery and illnesses with dates _____

Do you take aspirin, aspirin based products or ibuprofen regularly (such as Motrin/Advil) yes ___ no ___

Do you have a history of:

- ___ heart disease
- ___ diabetes
- ___ sleep apnea
- ___ miscarriage
- ___ asthma
- ___ hepatitis
- ___ lupus
- ___ arthritis
- ___ epilepsy
- ___ depression
- ___ blood disorders
- ___ Lyme disease
- ___ high blood pressure
- ___ bronchitis/emphysema
- ___ heart murmur
- ___ facial paralysis
- ___ mitral valve prolapse
- ___ breathing problems
- ___ nose bleeds
- ___ dry eyes
- ___ headaches
- ___ thyroid disease
- ___ seizures
- ___ cold sores
- ___ bad scarring
- ___ easy bruising
- ___ prolonged bleeding
- ___ blood clots
- ___ cancer

Have you ever had an adverse reaction to:

- ___ xylocaine/novocaine/epinephrine
- ___ adhesive tape

- ___ anesthesia
- ___ demerol
- ___ iodine
- ___ latex

other _____

PatientSignature _____ date _____

About Dr. Sultan

Mark R. Sultan MD FACS is a board certified plastic surgeon and Chief of the Division of Plastic and Reconstructive Surgery of Mount Sinai West Hospital.

Dr Sultan graduated with Phi Beta Kappa and Summa Cum Laude honors from Brandeis University. He received his degree from the Columbia University College of Physicians and Surgeons where he was elected to the prestigious Alpha Omega Alpha Society and won the Allen O. Whipple award for excellence in Surgery. He completed his internship and residency in General Surgery at Columbia Presbyterian Medical Center and his plastic surgery training at the same institution. He also did specialty training in Head and Neck Surgery and in Microvascular Surgery at Emory University Affiliated Hospitals in Atlanta Georgia.

Dr Sultan has been in practice since 1990. In addition to his active and successful private practice, Dr. Sultan has always maintained a strong academic affiliation as well. As such, he is currently a Professor of Clinical Surgery at The Mount Sinai School of Medicine.

Dr. Sultan is an active member of the following professional organizations:

- American Society of Plastic and Reconstructive Surgeons
- Northeast Regional Society of Plastic and Reconstructive Surgeons
- The Society of Reconstructive Microsurgery
- American Society for Aesthetic Plastic Surgery

As a leading expert in facial cosmetic surgery and cosmetic and reconstructive surgery of the breast, Dr. Sultan has been called on to lecture extensively on these and other topics at local and national medical conferences. He has published numerous papers on aesthetic and reconstructive techniques in the medical literature, and has written many textbook chapters on various topics in Plastic Surgery. Due to his special interest in breast reconstruction, he frequently lectures to women's groups and devotes his time to programs of the American Cancer Society for breast cancer awareness.

Dr Sultan is recognized by his peers as a leading surgeon local and nationally. He has been listed in New York Magazine as one to 'The Best Doctors in New York' and in the Castle Connolly Medical Guide, 'The Best Doctors of the New York Metro Area' for the past 20 years consecutively. He has also been listed in the American Top Doctors List since 2005. He specializes in aesthetic and reconstructive plastic surgery of the face, breast and body.

Our Staff

The majority of our staff have been with Dr. Sultan for more than a decade, several for considerably longer.

The stability of our staff is both an outcome of his steady leadership, and a reflection of the comradery and professionalism within our practice.

We are all dedicated to providing our patients with the best possible experience and outcome from the consultation to the final surgical result.

Our staff includes:

Audra Sosa – Office Manager

Dawn Torres – Billing Coordinator

Patricia Shannon, RN – Aesthetic Surgical Coordinator

Obed Marquez – Surgical Technician

Jennifer Grabler, PA – Operating Room Coordinator

Marissa Sosa, PA – Patient Liaison

Per Diem Staff:

Theresa Farrell, RN

Donna Russo, RN

Caterina Severini, RN

Deidre Lehr, RN

Our Facility

Our recently renovated office located at 1100 Park Avenue with a separate, private entrance on East 89th Street. It includes a modern state of the art operating room and recovery area accredited by the American Association of the Accreditation of Ambulatory Surgical Facilities (AAAASF).