



**PITTMAN PLASTIC SURGERY, PC
CURRENT PHYSICIAN LIST**

In an attempt to facilitate better pre- and postoperative care, please list any physicians/specialists that are involved in your care at this time (cardiologist, hematologist, oncologist, etc.) on the chart below. This will be a useful reference for us in the event that we have a question regarding a medical condition you have or a medication that you take.

	Physician	Name of Practice	Specialty	Phone Number	Fax Number
1					
2					
3					
4					
5					
6					
7					
8					

By signing here you are authorizing us to contact your provider(s) regarding your medical care:

Signature: _____

Date: _____