



Damon McClain, MD, FAAD Susannah Berke, MD, FAAD Molly McIntyre, PA-C, MMS, MPH Leah Greco, PA-C

Patient Demographics

Name: _____ Date of Birth: _____ Gender: _____

Mobile Phone: _____ Home Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Primary Care Provider: _____

Release of Medical Information

Communication Preference: CALL TEXT EMAIL

I give permissions for my medical information to be left on voicemail. YES NO

I give permission for my medical information to be given or discussed with:

Name: _____ Phone: _____

Name: _____ Phone: _____

No one other than myself

Office Policies

Cancellations: We require a 24-hour notice for any appointment rescheduling/cancellation. Failure to do so will result in a fee: \$25 for standard appointments, \$50 for cosmetic appointments, and \$75 for surgical appointments. You must call the office to cancel the appointment.

Late Arrival: If you arrive late for your appointment, you may be asked/required to reschedule your appointment.