



## INSURANCE INFORMATION

Please attach a copy of/ or bring insurance card(s), authorization forms and picture I.D.

MEDICARE EFFECTIVE  
NUMBER: \_\_\_\_\_ A only \_\_\_\_\_ B only \_\_\_\_\_ A&B \_\_\_\_\_ DATE: \_\_\_\_\_

PRIMARY CARE PROVIDER: \_\_\_\_\_ TPL NUMBER: \_\_\_\_\_

IDPA CASE #: \_\_\_\_\_ IDPA RIN ID: \_\_\_\_\_

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PRIMARY INSURANCE: \_\_\_\_\_ TEL#: \_\_\_\_\_

CLAIM FILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

POLICY#: \_\_\_\_\_ GROUP#: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_

HOLDER NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ CO-PAY: \$ \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ TEL. #: \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_ NOTATIONS: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_ TEL. #: \_\_\_\_\_

CLAIM FILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

POLICY#: \_\_\_\_\_ GROUP#: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_

HOLDER NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ CO-PAY: \$ \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ TEL. #: \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_ NOTATIONS: \_\_\_\_\_

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I have read and understand the payment and billing policies given to me. I understand that I am financially responsible for charges not paid by my medical insurance. I authorize any holder of medical information about me to release to any responsible health carrier and/or the Social Security Administration or its intermediaries, any information for this or any related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or the Dept. of Oto-HNS for bills or services furnished to me during the period \_\_\_\_\_ to \_\_\_\_\_

Print Patient Name/Legal Guardian: \_\_\_\_\_

Signature of Patient/Legal Guardian: \_\_\_\_\_



## Review of Systems

Are you currently, or have you had, problems with:

### *Constitutional*

Weight Gain                      Yes   No  
Weight Loss                      Yes   No  
Night Sweats                    Yes   No  
Insomnia                         Yes   No

Circle One

### *Neurological*

Numbness                        Yes   No  
Dizziness                        Yes   No  
Stroke                            Yes   No  
Headaches                       Yes   No

Circle one

### *Eyes*

Double Vision                    Yes   No  
Visual Loss                      Yes   No

### *Psychiatric*

Depression                      Yes   No

### *Ear, Nose, Throat and Mouth*

Hearing loss                    Yes   No  
Noise/ringing in ears            Yes   No  
Drainage from the ear            Yes   No  
Right side \_\_\_ Left Side \_\_\_ Both \_\_\_

Vertigo, Imbalance or dizziness    Yes   No  
Fullness or pressure in ear        Yes   No

Right side \_\_\_ Left Side \_\_\_ Both \_\_\_

Nasal Congestion                Yes   No

Nasal Drainage                  Yes   No

Difficulty breathing through the nose    Yes   No

Nose bleeds                      Yes   No

Frequent Sinus infections        Yes   No

Frequent sore throat              Yes   No

Trouble swallowing                Yes   No

Hoarseness                        Yes   No

Choking or Coughing              Yes   No

Throat clearing or gagging        Yes   No

Frequent cough                    Yes   No

### *Cardiovascular*

Chest pain or angina                Yes   No

Heart trouble                      Yes   No

Heart murmur                      Yes   No

High blood pressure                Yes   No

### *Allergic/Immunologic*

Sneezing                         Yes   No

Itchy eyes/nose                    Yes   No

Itchy throat                        Yes   No

Skin rash                         Yes   No

HIV/AIDS                         Yes   No

### *Respiratory*

Asthma                            Yes   No

Cough up blood                    Yes   No

TB                                 Yes   No

Pneumonia                        Yes   No

Trouble breathing at night        Yes   No

Snoring                          Yes   No

### *Gastrointestinal*

Bladder trouble                    Yes   No

Kidney disease                    Yes   No

    Yes   No

    Yes   No

### *Musculoskeletal*

Arthritis                         Yes   No

### *Endocrine*

Diabetes                         Yes   No

Thyroid disease                 Yes   No

### *Hematologic*

Bleeding disorders                Yes   No

Easy bleeding                    Yes   No

The above information is as accurate to the best of my knowledge

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

I have reviewed the above information with the patient.

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date*

**F A C I A L  
P L A S T I C  
S U R G E R Y  
C E N T E R**

60 East Delaware Place, Suite 1460  
Chicago, Illinois 60611  
(312) 255-8812  
[www.uicFacialPlasticSurgery.com](http://www.uicFacialPlasticSurgery.com)

**CTA Directions from O'Hare Airport**

Walk a short distance East on Terminal 2- CTA Rail Walkway.  
Take CTA Blue Line train (Forest Park).  
Exit at Washington/ Dearborn CTA stop.  
Transfer to CTA Bus #36 Broadway Northbound at Washington and Dearborn.  
Exit at Delaware and State.  
Walk 0.14 miles East on Delaware Pl.  
Enter building; it will be labeled *900N Surgical Center*.  
Take the elevator to the 14<sup>th</sup> floor and follow the hall to Suite 1460.

Total fare: **\$4.00**

**CTA Directions from Midway Airport**

Take CTA Orange Line train (Clockwise).  
Exit at Roosevelt CTA stop.  
Transfer to CTA Red Line train (To Howard).  
Exit at Chicago (and State) CTA stop.  
Walk East one block to Wabash.  
At Wabash head North for 3 blocks to Delaware Pl.  
On Delaware walk a half a block East.  
Enter building; it will be labeled *900N Surgical Center*.  
Take the elevator to the 14<sup>th</sup> floor and follow the hall to Suite 1460.

Total fare: **\$2.00**

**Shuttle bus from Airports**

To get information on shuttle buses from O'Hare or Midway you can call 1-888-284-3826 or check their website at [www.airportexpress.com](http://www.airportexpress.com).  
(They are a bit cheaper than a cab).

### Downtown Chicago

- Subway rail lines and station
- Deviated rail lines, direction and station
- Purple Line Express: Weekday rush periods only
- Free train connections at station
- Walk between stations for free connection
- Accessible station
- Sheltered bicycle parking
- Street number
- Bus line with route number
- Part-time bus service only
- No stops along bus route
- Night Out service only
- Metro connector rail
- Point of interest
- College or university

- For clarity...**  
These routes are not shown:
- Rush period routes from Metro stations 31, 120, 121, 122, 123, 129 and 192 (see maps below).
  - Special and seasonal routes 15, 178, 190, 173 (see maps below, except 173).
  - CTA Night Out variations N4, N2, N6, N66 (all buses leave from State/Washington).
  - Pace express buses 255, 835, and 855. Call 836-7000.

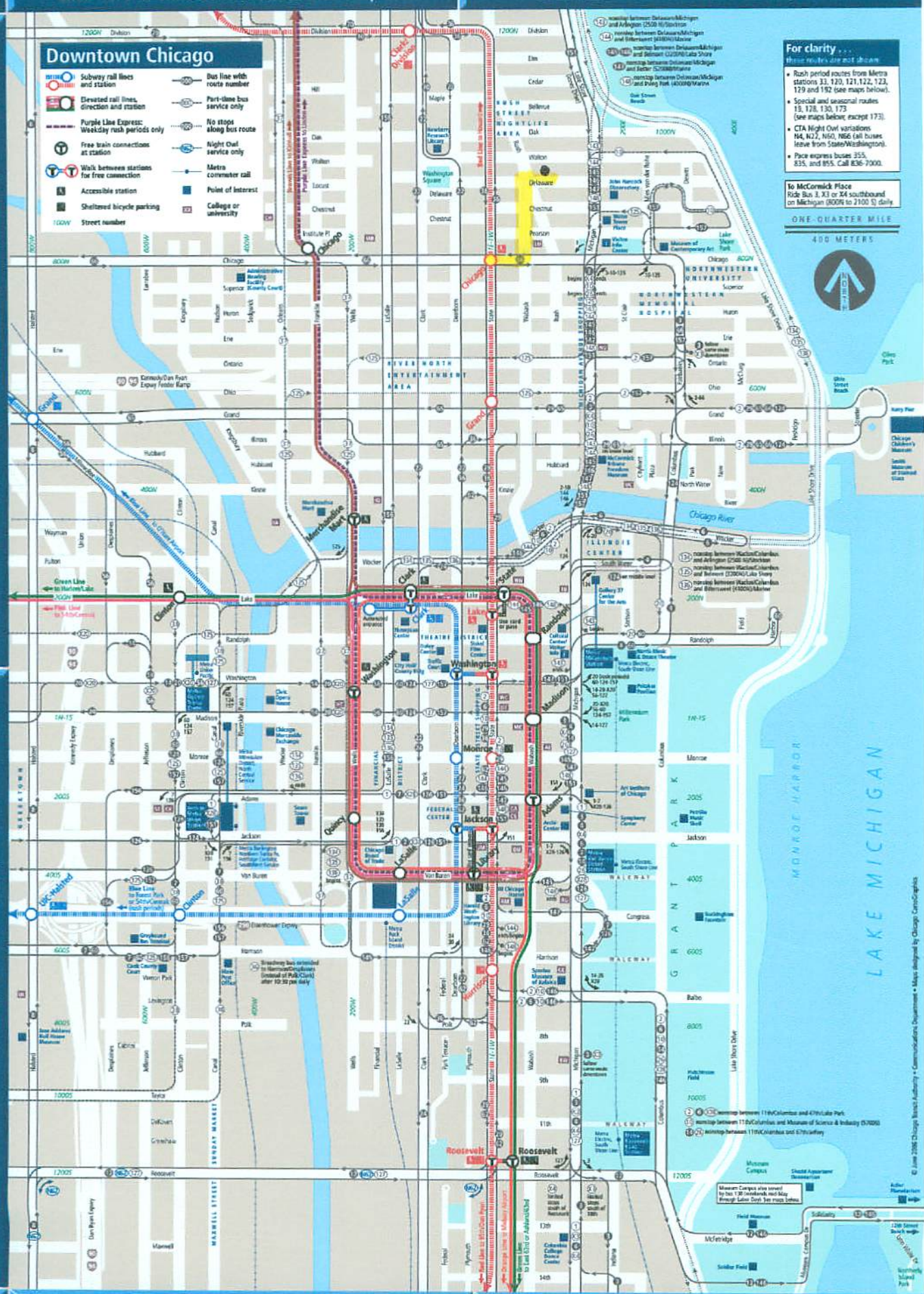
**To McCormick Place**  
Ride Bus 3, X3 or X4 southbound on Michigan (800W to 2100 S) daily

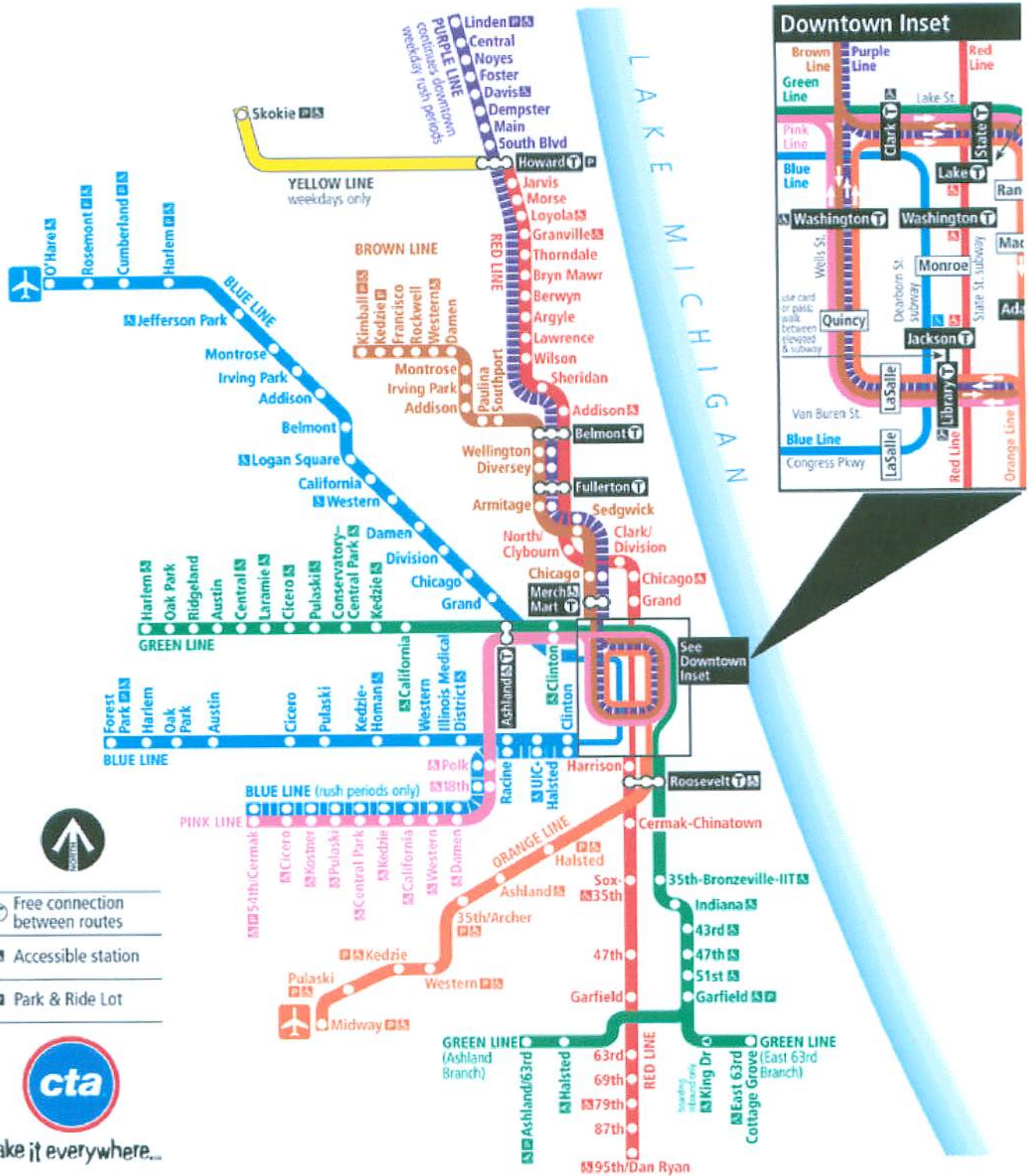
ONE-QUARTER MILE  
400 METERS



Click here to view West Side map area

Click here to view Central/South Side map area





- Free connection between routes
- Accessible station
- Park & Ride Lot



take it everywhere...

[Click here to view Bus Schedules](#)

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**HOTEL PHONE NUMBERS AND ADDRESSES**

<b>FOUR SEASONS</b>	<b>120 E DELAWARE PLACE</b>	<b>312-280-8800</b> <b>FAX: 312-280-1748</b>
<b>WHITEHALL</b>	<b>105 E DELAWARE PLACE</b>	<b>312-944-6300</b> <b>FAX: 312-573-6250</b>
<b>TALBOTT</b>	<b>20 E DELAWARE PLACE</b>	<b>312-943-0161</b> <b>312-944-4970</b> <b>FAX: 312-944-7241</b>
<b>SOFITEL</b>	<b>20 E CHESTNUT STREET</b>	<b>877-813-7700</b>

**Dr Toriumi and 900N Michigan Surgery Center have a corporate rate with the above hotels. Please mention that you are visiting or having surgery with the Dr or the surgery center when making your reservations.**

<b>HOMEWOOD SUITES – HILTON</b>	<b>40 EAST GRAND AVE.</b>	<b>312-644-2222</b> <b>FAX: 312-644-7777</b>
<b>HYATT</b>	<b>625 S ASHLAND AVE</b> <b>At Harrison</b> <b>Close to UIC Hospital</b>	<b>312-941-1234</b> <b>FAX: 312-529-6080</b>
<b>MARRIOTT</b>	<b>201 E WALTON PL.</b> <b>Ask for Jackie</b> <b>Must mention University of Illinois at Chicago</b>	<b>312-475-1924</b> <b>FAX: 312-943-9814</b>