

PATIENT REGISTRATION

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

Gender: ☐ Male ☐ Female

Last Name: _____ First: _____ M.I. _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Local Address: _____ Apartment #: _____ City: _____

Zip: _____ Local Phone #:(_____)_____-_____ Cell Phone #:(_____)_____-_____

Up North Address: _____ City: _____ State: ____ Zip: _____

Up North Phone #:(_____)_____-_____ Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Preferred Language: ☐ English ☐ Other Race: _____ Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Preferred Pharmacy Name: _____ Phone: _____ City or Zip code: _____

Who is your referring Dermatologist? _____

Who is your Cardiologist? _____

Who is your Internist/Primary Care Physician? _____

Would you like access to your electronic medical records? ☐ Yes ☐ No

Email address: _____

Please read the following paragraphs and sign below.

If you have any questions regarding your insurance please ask to speak to the billing department.

I authorize the release of all medical information to all my insurance carriers, other third party payors, including assignment for Medicare or its agents, or the Social Security Administration as required or requested for the process of claims for insurance, social security, disability, or for any other insurance purposes. I authorized this office to submit to my supplement insurance if I have provided them with the appropriate card and address.

I acknowledge that if my health insurance will not allow direct payment to this office for medical care that I received, I agree to forward all health care benefits that I personally receive to this office immediately upon receipt. I acknowledge that I am responsible for all charges provided to me, including any amounts not covered by my health insurance, secondary insurance to Medicare or any other health service plan.

Patient Signature: _____ Date: _____

I hereby acknowledge that I reviewed a copy of this practice's Notice of Privacy Practices posted in the Doctor's waiting room and that I have read (or had the opportunity to read if I so chose), and I authorize this office to use and disclose my health information for treatment, payment and for healthcare operations. Copies of the Notice of Privacy Practices are located at the check-in counter.

Patient Signature: _____ Date: _____

PATIENT REGISTRATION

Jeffrey Marcus, M.D., M.P.H., P.A.

Patient Consent For Use and Disclosure of Protected Health Information

1. With my consent, **Jeffery Marcus, MD.**, may use the following methods to communicate with me:
Call my home or other designated locations and leave a message on a voice mail, send **mail** to my home or other designated locations or send **emails** to my email address or other designated email addresses.
2. I authorize **Jeffrey Marcus, MD** to communicate with authorized healthcare providers involved with my care about any aspect of my health and medical care by email and/or fax. This authorization for communication by means of email and/or fax is valid until I notify you in writing that I no longer authorize the use of email and/or faxes to communicate information concerning my health care. I understand that information communicated by email and/or fax will be incorporated and retained in my legal medical record. **Jeffrey Marcus, MD** retains the right to terminate email as a communication option if it becomes unduly burdensome or is used inappropriately.

Patient Signature: _____ **Date:** _____

May we discuss your medical information with another family member and/or spouse?
Yes or No

If yes, Name _____

Relationship _____

Patient Signature: _____ **Date:** _____

Do you have a power of attorney and/or healthcare surrogate?

YES or NO

What is the name of the POA/healthcare surrogate and relationship?

Name: _____ Relationship: _____

Phone #: _____

If yes, please provide us with a copy of the documentation.

Jeffrey Marcus, M.D., M.P.H., P.A.

7301 W. Palmetto Park Road, Suite 108A

Boca Raton, FL 33433-3455

Phone: 561-368-4115

Fax: 561-368-0215

Authorization for Release of Protected Health Information

Patient's Name: _____ SS#: _____

Date of Birth: _____ Phone#: _____

Address: _____

I hereby authorize Jeffrey Marcus, MD

To disclose the following information from my Protected Health Information Records to:

Name: _____ Address: _____

Phone: _____ Fax: _____

Name: _____ Address: _____

Phone: _____ Fax: _____

Name: _____ Address: _____

Phone: _____ Fax: _____

I understand this authorization may be revoked at any time by sending a written request to Jeffrey Marcus, M.D., M.P.H., P.A.

Signature: _____ Date: _____

NAME: _____ DOB: _____

Medical Allergies: _____

Do you have a Power of Attorney? ☐yes ☐no If yes who, _____ Phone: _____

Email Address: _____

Past History: Previous skin cancers: ☐BCC ☐SCC Previous Mohs Surgery: ☐yes ☐no

Social History: Smoking: ☐current ☐past ☐never Alcohol: ☐yes ☐no

Do you have a history of Melanoma? ☐yes ☐no Family History of Melanoma? ☐yes ☐no Who? _____

Have you received the Flu Vaccine? ☐yes ☐no

Have you received the Pneumonia Vaccine? ☐yes ☐no

REVIEW OF SYSTEMS: Please check the appropriate column.

	YES	NO	COMMENTS:
POOR HEALING			
KELOIDS (raised scar tissue)			
PACEMAKER			
ANGINA			
ARTIFICIAL HEART VALVE			
HYPERTENSION			
PREVIOUS HEART ATTACK			WHEN: #:
STROKE			WHEN: #:
SEIZURES			
BLEEDING PROBLEMS			
ANEMIA			
EMPHYSEMA			
DEPRESSION			
ANXIETY ATTACKS			
WEIGHT LOSS			
FEVERS			
STOMACH ULCERS			
COLITIS			
GI PROBLEMS			
DIABETES			
THYROID PROBLEMS			
HEARING AID			
GLAUCOMA			
PLASTIC SURGERY			Dr.'s Name:
ARTHRITIS			
ARTIFICIAL JOINT			
HEPATITIS			When: Type:
HIV/AIDS			
TUBERCULOSIS			
ALLERGY TO ADHESIVE			
ALLERGY TO LIDOCAINE			
ALLERGY TOPICAL ONIT.			
ORGAN TRANSPLANT			
IMMUNOCOMPROMISED			
MRSA			

MEDICATIONS

☐ aspirin

☐ coumadin

☐ plavix

☐ other blood thinners:

DOCTOR INFORMATION

Internist: _____

Phone: _____

Cardiologist: _____

Phone: _____

Oncologist: _____

Phone: _____

OTHER MEDICATIONS:

OFFICE USE ONLY: REVIEW BY: _____

DATE: ____/____/____

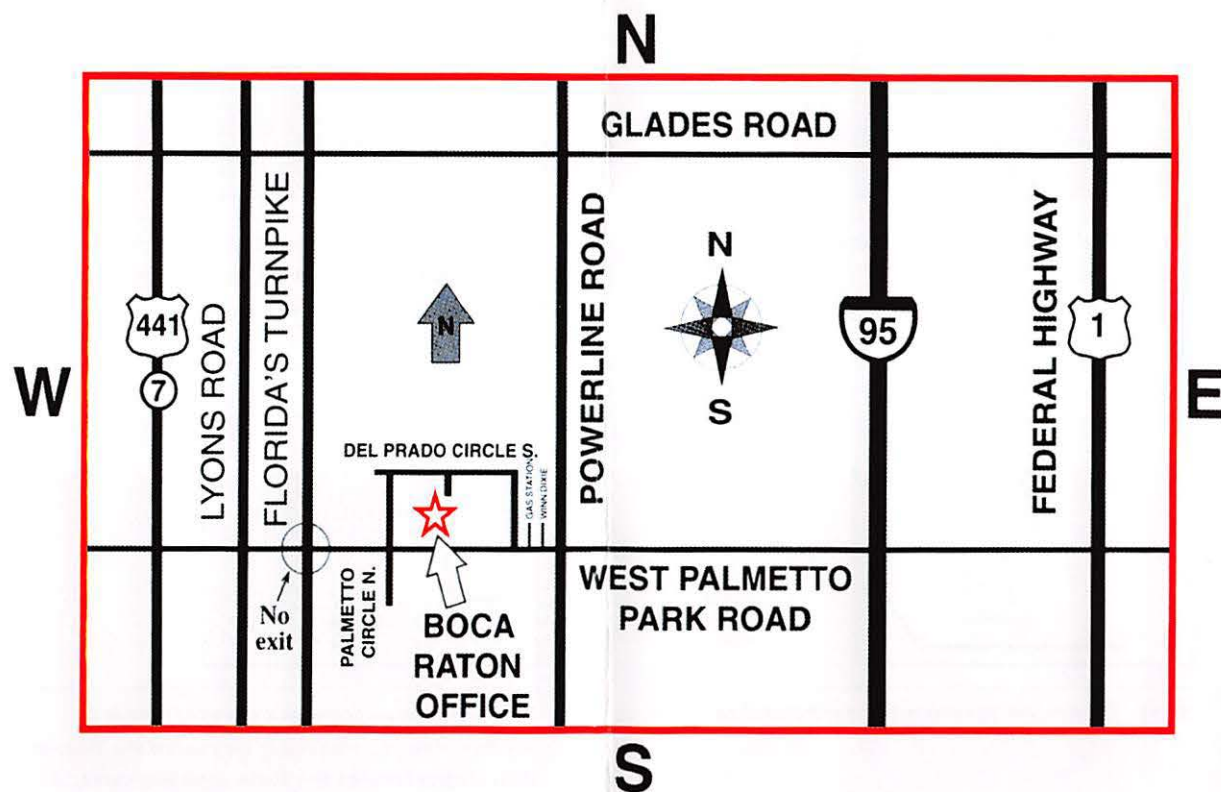
Boca Raton Office Directions

7301 W. Palmetto Park Road, Suite 108A (Building 1). We are located in the Del Mar Office Park (CenterState Bank is also in the same building).

From the West (St. Rd. 441, Lyons Rd., etc.): Go east on Palmetto Park Road to the first stoplight after Lyons Rd. & turn left on Palmetto Circle North. Make your first right on Del Prado Circle South & make your first right into the parking lot.

From the East (I-95 Palmetto Park Road Exit; Military Trail; Federal Hwy.; Jog/Powerline): Go west on Palmetto Park Rd. Make a right turn onto Palmetto Circle North (first light after Powerline Road). Make first right turn onto Del Prado Circle South. Make an immediate right turn into our parking lot.

From the Turnpike: Take Turnpike south to Glades Rd. exit. Exit onto Glades & turn right heading west to Lyons Rd. Turn left heading south on Lyons to Palmetto Park Rd. Turn left onto Palmetto & head east to first stoplight which is Palmetto Circle North. Turn left & then make your first right turn onto Del Prado Circle south. Make first right turn into building's parking lot.



CURRICULUM VITAE

EDUCATION

M.D. Northwestern University Medical School
M.P.H. Columbia University School of Public Health
B.A. Biology, University of California, San Diego
A.B. Sociology, Dartmouth College

PROFESSIONAL TRAINING

- Fellowship, Mohs Surgery, Columbia-Presbyterian Medical Center, New York, NY
- Resident, Division of Dermatology, UCLA Medical Center, Los Angeles, CA
- Internship, Internal Medicine, Northwestern Memorial Hospital, Chicago, IL

BOARD CERTIFICATION

American Board of Dermatology

HONORS/AWARDS

- Teacher of the Year Award—For Excellence in the Teaching of Dermatologic Surgery (1994-1995) at Columbia-Presbyterian Medical Center
- Young Investigator Award—First Place (1994), American Society of Dermatologic Surgery and The Journal of Dermatologic Surgery and Oncology

PUBLICATIONS

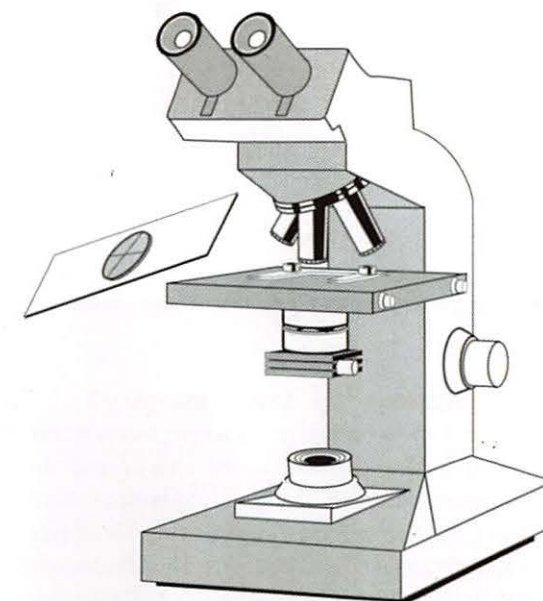
- 1) Marcus J et al. Tissue expansion: Past, present and future. *J Am Acad Dermatol* 1990;23:813-25.
- 2) Marcus J, Camisa C. Podophyllin therapy for condyloma acuminatum. *Int J Derm* 1990;29:693-8.
- 3) Marcus J et al. Disseminated candidiasis, *Candida* arthritis, and unilateral skin lesions. *J Am Acad Dermatol* 1992;26:295-7.
- 4) Marcus J et al. Tissue expansion in a patient with extensive nevus comedonicus. *Ann Plast Surg* 1992;29:362-6.
- 5) Marcus J, Lask GP. Photodynamic therapy. *Cancer Bull* 1993;45:261-9.
- 6) Marcus J et al. Photodynamic therapy for the treatment of squamous cell carcinoma using benzoporphyrin derivative. *J Dermatol Surg Oncol* 1994;20:375-82.
- 7) Goldberg DJ, Marcus J. The use of the frequency-doubled Q-switched Nd:YAG laser in the treatment of small cutaneous vascular lesions. *Derm Surg* 1996;22:841-4.
- 8) Marcus J, Goldberg DJ. Lasers in Dermatology: A Nursing Perspective. *Derm Nursing* 1996;8:181-93.

BOCA MOHS SURGERY

an information pamphlet
for patients

Jeffrey Marcus, M.D., M.P.H., P.A.

7301 W. Palmetto Park Road
Suite 108A/Building I
Boca Raton, FL 33433
(561) 368-4115



What is Mohs Surgery?

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. Mohs surgery is named in honor of Dr. Frederic Mohs, the physician who developed the technique. This method differs from all other methods of treating skin cancer by using complete microscopic examination of all of the tissue removed surgically as well as using detailed mapping techniques to allow the surgeon to remove only the areas involved with cancer. Our practice is restricted to Mohs surgery for skin cancers referred by other physicians.

What are the advantages of Mohs surgery?

By using these detailed mapping techniques and complete microscopic control, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of cancer can be removed. The results are the removal of as little normal skin as possible and the highest possibility for curing the cancer.

What are my chances of cure?

Using Mohs surgery, the percentage of cure is approximately 97% to 99% for most skin cancers, even when other forms of treatment have failed.

Will I be hospitalized?

No. Mohs surgery is performed in a pleasant outpatient surgical suite and you may return home the same day.

What happens the day of surgery?

Our staff will escort you into a surgical suite where Dr. Marcus will anesthetize the area around the skin cancer. The visible cancer along with a narrow margin of tissue will then be removed. This tissue is carefully mapped and coded by Dr. Marcus and taken to the adjacent laboratory where the technician will immediately process the microscopic

slides. You will then have a temporary dressing placed over the wound.

The surgical procedure alone takes only ten to fifteen minutes. However, it takes approximately forty minutes to prepare and microscopically examine the tissues. Several surgical stages and microscopic examinations may be required. Although there is no way to predict before surgery how many stages will be necessary, most cancers are removed in two to three stages.

You may want to bring reading material to occupy your time while waiting for the microscope slides to be processed and examined. Magazines, beverages, and light snacks will be available in the waiting room area.

Because Mohs surgery removes as little normal tissue as possible, scarring is minimized. Immediately after the cancer is removed, the decision is made to either allow the wound to heal itself or to have the wound repaired with stitches or a skin graft or flap. The decision is based on the safest method that will provide the best cosmetic result.

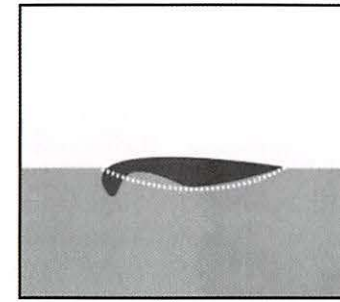
Will I have pain after the surgery?

Most patients do not complain of pain. If there is any discomfort, Tylenol is all that is usually necessary for relief.

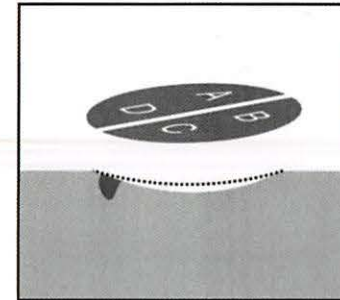
Will my insurance cover the cost?

We accept assignment on Medicare policies. We will also submit a claim to any other insurance company for you. Expenses not covered include insurance deductibles and co-pay amounts. Ask the office staff if you have concerns about being covered.

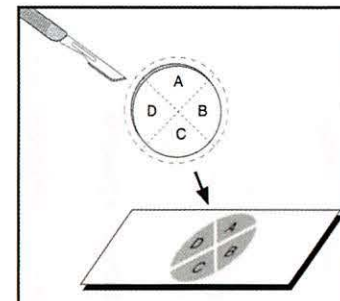
We would not want anyone to be denied medical care because of an inability to pay. If you have difficulties understanding or paying your bill, we encourage you to discuss your problem with Dr. Marcus or the office manager.



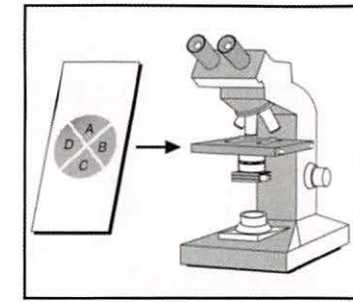
Step 1: The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur. The visible portion of the tumor is surgically removed.



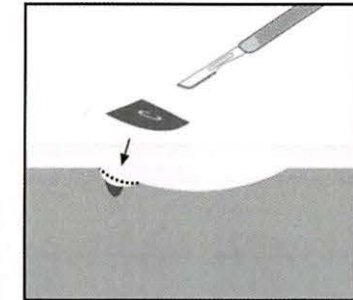
Step 2: A thin layer of skin is then removed and divided into sections.



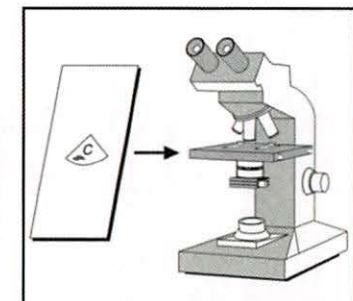
Step 3: The removed tissue is mapped and sectioned.



Step 4: The undersurface and edges of each section are then microscopically examined for evidence of remaining cancer.



Step 5: If cancer cells are found under the microscope, the surgeon marks their location on the "map" and returns to the patient to remove another layer of skin — but only precisely where the cancer cells remain.



Step 6: The removal process stops when there is no evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the healthy tissue is kept intact.