

Cosmetic and Reconstructive Surgery

Ophthalmic Plastic Surgery

Welcome to our office!

About Your Visit

Our office is dedicated to providing outstanding care in Ophthalmic Plastic Surgery.

Please complete the registration and other

forms that you have received in the mail.

This information familiarizes us with your medical history and helps us to screen you for possible surgery.

We make every effort to be punctual. **You should allow one hour** for your initial visit, although the actual length of your appointment may vary.

At the time of your visit, please present your registration form, insurance card and questionnaire to Cindra at the front desk. You will be taken to an examination room, where our Nurse (R.N.), Jennifer, will review your current problem, general medical condition, and vision. Dr. Levin will examine relevant aspects of your eyes and face and discuss your options for improvement.

About Cosmetic Surgery

Our surgical practice sees a mix of patients with cosmetic and medical problems. For patients whose problem is cosmetic, we make

A few things to remember...

- Prior to arrival, please complete and remember to bring the completed registration form and health questionnaire that you received in the mail or printed online.
- Please bring old full-face photographs from your late teens or twenties. Old photographs help Dr. Levin evaluate your eyes and face and help guide any requested surgery. (If your pictures are on your phone, Ipad, or computer, please *print* these out at home for us.)
- Complete our questions about the vitamins, medicines, and eyedrops you are taking. (A separate printed list is also acceptable).
- If a procedure or biopsy is recommended, you will almost always be asked to schedule a return appointment.
- Please remove any foundation and eye make-up prior to your appointment. If you wear contact lenses, please bring your glasses and a contact lens case.
- If you have a complex problem or have had previous ophthalmic plastic surgery, bring copies of your medical records, operative reports, and tests including the actual CT or MRI (usually provided on a disc).

arrangements for surgery in our approved and confidential in-office surgical suite. Insurance does not cover cosmetic surgery.

About Medical Conditions and Insurance

While we have considerable experience in dealing with insurance companies for surgeries that are medical in nature, we do not know and

cannot certify what professional, laboratory, or operating room services will be covered by your insurance. We are always willing to contact your insurer describing your condition, the anticipated procedures, and other pertinent

information. You may wish to check with your insurance carrier about coverage before surgery. To assist patients with insurance programs for which we are a "preferred provider" and Medicare, we will submit the initial claim form. We will help with descriptions of your care, but you will be responsible for payment for services regardless of the status of your insurance claim.

Note: Please bring

your insurance card(s) to your appointment. If you do not have your insurance card with you when you arrive to your appointment, you will be asked to pay our full fee at the time of your office visit. If your insurance requires authorization, we require that prior to your visit. Some insurance plans require pre-authorization prior to your visit. Unfortunately, we are unable to see HMO patients without authorization.

Peter S. Levin, M.D.

525 South Dr., Suite 101

(650) 964-9600

Mountain View, CA 94040

(650) 964-1424 (fax)

Meet Dr. Levin

An Eye for Excellence

The face is a complex, delicate area that needs the individualized care that Dr. Levin has been providing for over 25 years. Specializing in surgery giving the eyes a youthful and natural appearance, he has performed several thousand facial plastic surgical procedures and teaches his craft to ophthalmologists, cosmetic surgeons, fellows and residents. He also serves on the medical staffs at El Camino Hospital, Stanford Medical Center, Waverley Surgical Center and Mills-Peninsula Hospital.



Dr. Levin has been elected by his peers for inclusion in Best Doctors in America®. (www.BestDoctors.com/us). Locally, he has been listed as a “Top Doc” in the San Jose Magazine poll of Best Doctors in Silicon Valley and in the San Francisco Magazine poll of Best Doctors. Before opening his private practice in Mountain View in 1992, Dr. Levin was the first full-time Director of Ophthalmic Plastic and Orbital Surgery in the Department of Ophthalmology at Stanford. At Stanford, he served as Director or Co-Director of programs in Ophthalmic Plastic and Orbital Surgery for over 20 years. Currently he is Adjunct Clinical Professor of Ophthalmology at Stanford. At UC San Francisco, he has served as faculty for the Fellowship in Ophthalmic Plastic Surgery, sponsored by the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS).

Dr. Levin received an Ivy League education at Brown University in Providence, Rhode Island, obtaining baccalaureate degrees in History and Biology, and received his medical degree from the Johns Hopkins School of Medicine in Baltimore. He subsequently served as resident and chief resident in ophthalmology at the California Pacific Medical Center in San Francisco, where also he received specialty training in Ophthalmic Plastic Surgery. He went on to complete the prestigious Ophthalmic Plastic Surgical Fellowship at Duke University in Durham, NC, and then expanded his expertise to surgery of the entire face and neck by completing a preceptorship in facial plastic surgery.

Three of the hospitals where Dr. Levin has trained or taught – Hopkins, Duke, and Stanford - are ranked by US News and World Report as among the top 15 in the country.

In 2015, Dr. Levin was approved by the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS), as Fellowship Director for the 2-year Stanford University Training Program in Ophthalmic Plastic Surgery which began in July 2017.

Certification and Credentials

Dr. Levin is board certified by the American Board of Ophthalmology. He is a Fellow of the American Academy of Facial Plastic Surgery, the American Academy of Ophthalmology, and the American Society of Ophthalmic Plastic and Reconstructive Surgery. For our cosmetic surgery patients, we use our office surgical suite approved as an Accredited Outpatient Surgical Setting by the Medical Board of California.

Academic Appointment

Adjunct Clinical Professor; Department of Ophthalmology; Stanford University School of Medicine. <https://stanfordhealthcare.org/doctors/l/peter-levin.html>

Patient Registration. Welcome to our office.

Please print and fill out completely. Please provide insurance cards to photocopy.

Name: _____ Birth Date: ___/___/___ Sex: _____
last first middle

Social Security #: _____ - _____ - _____ Cell phone (provide only if OK to use) _____

Home address: _____
Street City State Zip

Home phone: () _____ Work phone: () _____

We will respect your confidentiality.

May we leave messages: At home () yes () no. At work () yes () no. On your cell phone () yes () no.

Emergency contact person: _____ Phone: _____

What doctor referred you to Dr. Levin? _____ Telephone: () _____

Address of referring doctor: _____

Primary Care physician: _____ Telephone: () _____

Primary Care physician address/city/zip: _____

Employer: _____

Spouse/Parent: _____

Spouse's/Parent's Employer: _____

Primary Insurance Company: _____

Subscriber name: _____ Subscriber Date of Birth: _____

Insurance I.D. #: _____ Group number: _____

Secondary Insurance Company: _____ Subscriber name: _____

Insurance I.D. #: _____ Group number: _____

PLEASE SIGN BELOW AND RETURN TO THE FRONT DESK

I, the undersigned, have insurance coverage and assign directly to Peter S. Levin, M.D. all surgical and / or medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that some insurance plans have "preferred" panels of physicians or require prior authorization prior to seeing physicians. I understand that I am responsible for payment of fees if authorization has not been obtained for whatever reason. I hereby authorize the doctor to release all information necessary to secure payment of benefits.

Date _____ Signed _____

All Medicare patients must sign lifetime beneficiary claim authorization: I request that payment of authorized Medicare benefits be made either to me, or on my behalf, to Peter S. Levin, M.D., for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services. I understand my signature requests that payment be made, and authorizes release of information necessary to pay the claim. If "other health insurance" is indicated in Item 9 of the electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance, and non-covered services. Co-insurance and the deductible are based on the charge determination of the Medicare carrier.

Date _____ Signed _____

The evaluation that you receive is specialized and is limited to your facial plastic problem. I am aware that Dr. Levin is not providing an "eye examination" and that this visit does not replace your need for an eye exam.

Date _____ Signed _____

Your Name: _____ Date ____ / ____ / ____
Occupation: _____ Age _____

Symptoms you currently are or have recently been experiencing (please circle yes or no):

Watery eyes.....	YES NO	Easy bruising	YES NO
Discharge from eyes.....	YES NO	Abnormal bleeding tendency	YES NO
Sinus problems.....	YES NO	Shortness of Breath:	
Difficulty breathing through nose	YES NO	Sitting	YES NO
Difficulty swallowing.....	YES NO	Walking around home .	YES NO
Chest pain/angina.....	YES NO	Walking stairs.....	YES NO
Frequent nose bleeds.....	YES NO	Walking several blocks	YES NO

Your Allergies: Do you have allergies to:

Environmental/hay fever ...	YES NO	Describe reaction to drug _____
Local anesthetic.....	YES NO	Describe reaction to drug _____
Penicillin, sulfa, or other antibiotics.....	YES NO	Describe reaction to drug _____
Iodine/Betadine.....	YES NO	Describe reaction to drug _____
Codeine or other narcotics	YES NO	Describe reaction to drug _____
Other drug allergies:		_____
Allergies to Latex or tape?	YES NO	Describe reaction _____

Family History-Have your parents or siblings had? (please circle yes or no)

Diabetes.....	YES NO	High blood pressure.....	YES NO
Thyroid disease	YES NO		

Personal Medical History-Have you ever had? (please circle yes or no):

Vision loss not correctable with glasses or contacts	YES NO	Hepatitis, Jaundice or liver disease	YES NO
Glaucoma	YES NO	Tuberculosis.....	YES NO
Cataracts/cataract surgery	YES NO	AIDS or HIV infection	YES NO
Retinal Disease.....	YES NO	Diabetes.....	YES NO
Asthma/emphysema	YES NO	Graves Disease/thyroid problems.....	YES NO
High Blood Pressure.....	YES NO	Problems with immune system.....	YES NO
Rheumatic Heart Disease.	YES NO	Anemia	YES NO
Heart murmur.....	YES NO	Transfusion	YES NO
Mitral valve prolapse.....	YES NO	Cancer	YES NO
Other heart disease (heart attack, angina, blocked heart vessels, heart failure)	YES NO	Cold sores or fever blisters.....	YES NO
		Skin cancer	YES NO
		Sleep apnea.....	YES NO

Any health problems not mentioned above: _____

Have you ever had a tooth removed? YES NO
 If "yes", did you have unusual bleeding at that time? YES NO
 Have you been told to take antibiotics prior to dental or surgical procedures? YES NO
 If yes, what drug and how do you take it. _____

Vision History:

Do you wear glasses for distance vision? YES NO
 Do you wear contact lenses? YES NO
 Have you been told that you have "dry eyes"? YES NO
 Have you had LASIK? ... YES NO
 Who is your eye doctor? _____
 When was your last eye examination? _____
 Do you take artificial tears or other eye drops? YES NO Please list: _____

Your Name: _____ Date ____ / ____ / ____

Plastic Surgery History: (please circle yes or no)

Have you ever had:

Chemical peel?	YES	NO
Laser skin treatment?	YES	NO
Botox?	YES	NO
Facial Fillers	YES	NO
Facial or eyelid surgery or any cosmetic surgery?	YES	NO

Specify (if yes) _____

If you use skin care products, please list: _____

After surgery /injury do you develop:

Pigmented scars?	YES	NO
Large/thick/keloid scars?	YES	NO
Any other scarring abnormality?	YES	NO

List other surgeries you have had: _____

Do you take aspirin or cousin drugs such as Advil, ibuprofen, naproxyn or other non-steroidal anti-inflammatory drugs? YES NO. If YES, can you stop these 10 days before surgery? YES NO

Medications and doses that you take. (Attach separate sheet if needed). If no medications are taken, write "None": _____

Over-the-counter drugs, Vitamins & nutritional supplements (attach separate sheet if needed) _____

Do you smoke cigarettes? YES NO. If "yes", how many packs a day and for how many years? _____

Are you or could you possibly be pregnant? (QUESTION FOR WOMEN) YES NO

How many alcohol containing drinks do you have in an average week? _____

Do you live alone? YES NO Name of person living with you? (We prefer that patients have company for 24 hr. after surgery) _____

Are you aware that results of medical treatment and surgery vary from patient to patient and cannot be guaranteed? YES NO

Would you like recommendations on improved appearance of your eyelids, face, or skin at the time of your consultation? YES NO If yes, please list any specific areas of interest _____

Signature: _____ Date: _____

Thank you for taking the time to accurately record your health history!

It is the policy of this facility to resuscitate all patients and call for transfer to the Hospital in the event of a cardiac emergency. If you have an Advanced Health Care Directive, you may ask us to keep a copy in your medical record to be transferred to the hospital in the event of such an emergency.

SECTION 1: Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Peter S. Levin, M.D. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Peter Levin MD’s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Peter S. Levin, M.D. reserves the right to revise the Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Peter S. Levin, M.D. Privacy Officer at 525 South Drive, Suite 101; Mountain View CA 94040

With my consent, Peter S. Levin, M.D. may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations (TPO), such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others. With my consent, Peter S. Levin, M.D. may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations (TPO), such as appointment reminder cards and patient statements. With my consent, Peter S. Levin, M.D. may e-mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations (TPO), such as appointment reminder cards and patient statements.

I have the right to request that Peter S. Levin, M.D. restrict how he uses or discloses my protected health information (PHI) to carry out treatment, payment and healthcare operations (TPO). However, the practice is not required to agree to my requested restrictions. By signing this form, I am consenting to Peter S. Levin, M.D.’s use and disclosure of my protected health information (PHI) to carry out treatment, payment and healthcare operations (TPO).

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Peter S. Levin, M.D. may decline to provide treatment to me.

Section 2: Medical Board Regulations

Notice to Patients: Regulations require us to inform you that California “Medical Doctors are licensed and regulated by the Medical Board of California.” Medical Board Contacts: Telephone: (800) 633-2322. Internet address: www.mbc.ca.gov

Section 3: Advanced Health Care Directives

It is the policy of this facility to resuscitate all patients including those with “Do Not Resuscitate” (DNR). In the event of a medical emergency we call paramedics requesting for transfer to the Hospital for all patients. If you have an Advanced Health Care Directive, you may ask us to keep a copy in your medical record to be transferred to the hospital in the event of such an emergency.

Please circle YES if you have a have an Advanced Health Care Directive and feel free to bring it to us at your next appointment. *YES. I have an Advanced Health Care Directive*

I acknowledge that I have read this information regarding the Protected Health Information, the Medical Board of California, and Advanced Directives. I have no further questions.

Patient’s (or Legal Guardian’s) Signature

Date

Print Your Name

Peter S. Levin, M.D.

525 South Drive, Suite 101
Mountain View, CA 94040
(650) 964-9600

Directions to the Office

Hwy 101 coming from the North: *(From San Francisco, San Mateo County and much of the East Bay):*

Take Hwy 101 going South. Stay in the right two lanes and exit to the right onto Hwy 85 (South) which is marked as Hwy 85 (South)/Cupertino/Santa Cruz (Exit 398 B). Go past the Central Expressway exit on Hwy 85 and take the **second** exit which is called North {82} Junction/El Camino Real/Grant Road/Exit 22A. The first light you come to will be El Camino Real. Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 101 coming from the South: *(San Jose, San Jose International Airport, Santa Clara, Monterey)*

Take Hwy 101 going North. Exit at 237 West (Mountain View-Alviso Road) towards Mountain View. Follow this road for 4-5 miles. Cross over El Camino Real. (Past this intersection, the street changes its name to Grant Road.) Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 280 coming from the North: *(San Francisco, SF International Airport, San Mateo County)*

Exit at Magdalena Avenue. Turn left onto Magdalena at the stop sign. Continue on Magdalena. Turn right onto Foothill Expressway (South). Continue on Foothill Expressway 1.4 miles. Turn left onto Grant Road (note blue Hospital sign). Continue on Grant Road 1.5 miles. Turn left onto South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 280 coming from the South (San Jose) and Hwy 17 coming Santa Cruz

Exit onto HWY 85 North (Mtn View), take the Fremont Avenue exit. Turn left at the street light, onto Fremont Avenue for 1.0 miles. Turn right onto Grant Road and continue on Grant Road for 1.0 miles. Turn left on South drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 85 coming from the South: *(South San Jose, Saratoga)*

Take the Fremont Avenue exit off Hwy 85. Turn left at the street light, onto Fremont Avenue for 1.0 miles. Turn right onto Grant Road and continue on Grant Road for 1.0 miles. Turn left on South drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Special note from the East Bay:

You may take the SF-Oakland Bay Bridge, San Mateo Bridge, or Dumbarton Bridge and follow directions “**Hwy 101 from the North**” above **OR**

You may take Hwy 880 to Hwy 237 West/Mountain View. Cross over El Camino Real. (Past this intersection, the street changes its name to Grant Road.) Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

PETER S. LEVIN, M.D.

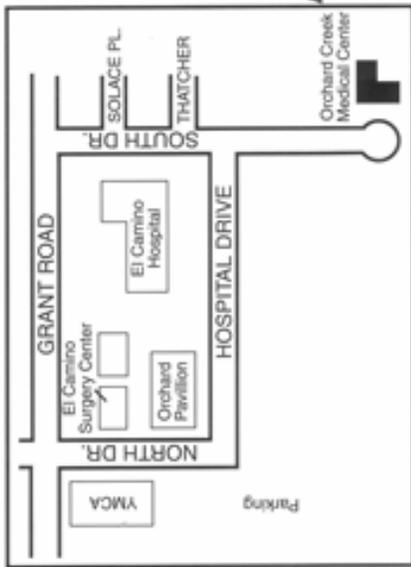
COSMETIC FACIAL AND LASER SURGERY
OPHTHALMIC PLASTIC SURGERY

ORCHARD CREEK MEDICAL CENTER

525 SOUTH DRIVE, SUITE 101
MOUNTAIN VIEW, CA 94040

(650) 964-9600

SCALE
0 1/4 1 Mile



OFFICE

