

Bella Dermatology and Medical Spa

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Follow Up Visits

Has your telephone number changed? If so, please update.

Has your email changed? If so, please update.

Has your address changed? If so, please update.

Has your insurance changed? If so, please update.

Name of Insurance: _____

Member ID/Subscriber #: _____

Group #: _____

Name/ D.O.B of policy holder (If not self): _____

Follow up history:

How is your problem or problems doing? Please address each area that was involved last visit.

List the meds received and how you are using them?

How much better are you? Give a number in a percentage.

Have you had any medication side effects?

Do you have any new problems?

What are they?

Where are they?

What makes it better or worse?