

**JAMES D WETHE, MD – American Board of Plastic Surgery  
3440 Lomita Boulevard, Suite 220 Torrance, CA 90505**

**PATIENT INFORMATION**

---

Name Sex

---

Address City State Zip Code

---

**Home #** **Cell #** **Work #**

---

Date of Birth E-mail Address

---

Primary Care Physician Phone/Fax

---

Emergency Contact Relationship Phone #

---

Referred by

**OK to contact?  Home  Cell  Work  Email  Emergency Contact**

---

Signature Date