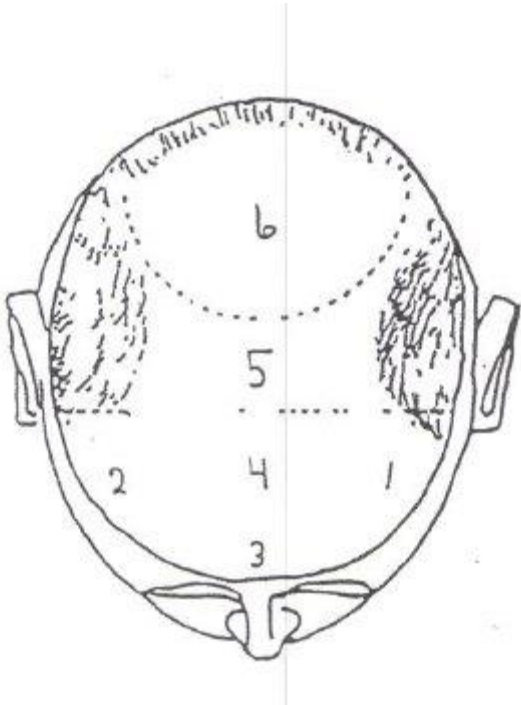


**John Kiely, M.D., Chartered**

43 Executive Boulevard  
Rockville, Maryland 20852  
301-468-2335

[www.justhair.com](http://www.justhair.com)  
[www.hairtransplantation.com](http://www.hairtransplantation.com)

1012 Dulaney Valley Road  
Towson, Maryland 21204  
410-821-1970



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_

S.S. #: \_\_\_\_\_

How did you hear about Dr. Kiely?  
\_\_\_\_\_

Where do you get your hair cut?  
\_\_\_\_\_

Would you like to be on our referral list?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to share your before/after photos?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Complications:
- (1) Swelling
  - (2) Bleeding
  - (3) Infection

I understand that before I have surgery, I will be interviewed by John Kiely, M.D. and understand that John Kiely, M.D. will make any and all medical related decisions. I have been given the approximate number of visits required for surgery and the time sequence of those visits. The consultation is at no charge or obligation on my part.

Patient's Signature/Date: \_\_\_\_\_

John Kiely, M.D.: \_\_\_\_\_