



YTF Cosmetic Plastic Surgery Network

Date: _____ Time: _____
Surgeon: _____ Telephone: _____
Address: _____ Website: _____

Certified by The American Board of Plastic Surgery (ABPS): [] yes [] no

Certified by American Board of Facial Plastic & Reconstructive Surgery (ABFPRS): [] yes [] no

Questions For The Surgeon

1. What made you decide to become a Plastic Surgeon?
2. How long have you been practicing as a Cosmetic Plastic Surgeon?
3. How long have you been performing this procedure?
4. How many of these procedures have you performed? How many do you perform each month?
5. Have you performed this procedure on anyone of your staff? May I speak to them?
6. Do you have local hospital privileges? If so, where?

Procedure Questions

1. Which type of technique do you prefer and why?
2. Which type of incision placement do you prefer (if applicable) and why?
3. Will my procedure require grafts, implants or other materials? If so, what?
4. Will there be visible scars? If so, how long will they take to fade?
5. What are the risks and complications of this procedure?
6. Where will my surgery be performed? [] On-site Accredited Surgery Center [] Off-site Accredited Surgery Center [] Hospital
7. What labwork am I required to have before surgery? [] CBC [] PT Test [] HIV Test [] Pregnancy Test [] Mammogram [] Full Physical [] ECG/EKG Other? _____
8. How long will my surgery take to perform?
9. Which type of anesthesia do you prefer? What are the risks of anesthesia?
10. Who will be administering the anesthesia, a CRNA a Doctor of Anesthesiology? Will I be able to meet with him or her before my surgery?
11. How long will my recovery take? When can I go back to work?
12. How long before I am able to return to normal physical activities, such as exercise?

13. If I am reasonably dissatisfied with the outcome or have a complication, what is your revision policy? What would be covered should another surgery be necessary?

14. _____

15. _____

Procedure Costs

1. What is the cost of this procedure? _____ Does this include anesthesia surgeon's fee
 facility fee medications compression garments (if applicable) Other _____

2. _____

3. _____

Surgery Date Scheduled: yes no **Date:** _____ **Time:** _____ AM / PM

Pre-operative Appointment Scheduled: yes no **Date:** _____ **Time:** _____ AM / PM

Deposit Required: yes no **Amount:** _____ **Refund Policy:** _____

To Be Completed After Appointment

Rating:

- **Office Appearance:** poor fair average above average excellent
- **Attitude of Staff:** poor fair average above average excellent
- **Surgeon's Communication Skills:** poor fair average above average excellent
- **Bedside Manner:** poor fair average above average excellent

Before and After Photos Available: yes no **Thoughts?** _____

Patient Referral List Available: yes no **Received:** yes no

Risks and Complications Thoroughly Explained: yes no

All Questions Answered: yes no

Overall Opinion:

The content of this file is for informational purposes only and is not intended as a substitute for professional medical advice. Always consult your own surgeon or other qualified healthcare provider should you have any questions regarding this information or a medical condition. Do not disregard the advice of your own surgeon as a result of reading any information found on our websites, including this document or any information you may read on our plastic surgery discussion forums.