

Patient Name: _____ Date: _____

AWAKE BREAST AUGMENTATION/LIFT CONSULTATION

Thank you for your interest in Laser Cosmetic Solutions. Please read all of your handouts; particularly consent forms and pre and postoperative information.

We will try to accommodate you as much as possible in scheduling your procedure. Feel free to call the office and ask the nurse any questions you may have concerning your consultation or handouts given to you.

Prices are guaranteed for 30 days with a deposit of \$1,000, of which is non refundable. Once the deposit is paid, the Breast implants are ordered to ensure they are here in time for the procedure. At the time of the Pre-Op, the procedure must be paid in full. Payment in full is required 2 weeks prior to your procedure if made with a personal check.

Cancellations or Rescheduling * Penalties:**

25% for one week prior to surgery
50% for 72 hours prior to surgery
75% for 24 hours prior to surgery

**** Procedure must be rescheduled within 30 days from the original scheduled date.**

Procedure: _____ Breast Augmentation or Breast Lift

Prices: _____

Miscellaneous Fees: \$299.00 (Physical, Labs, EKG, Garment(s) & Post op visits)

Complimentary transportation up to a 60 mile radius is provided on the day of the procedure(s)

Arnica Tabs: \$24.00 Arnica Cream: \$14.00 Bromelain: \$14.99

On-Q Pain Pump: \$540.16 Extra Compression Bra: \$52.50 * 1 compression bra included w/procedure

Total: _____

Patient Signature: _____ Date _____

Witness: _____ Copy Given? _____

INFORMATION ABOUT PRESCRIPTIONS & MEDICINES

1. Antibiotics are prescribed in order to minimize the risk of a surgical infection. Antibiotics should be taken with food to reduce the risk of gastric upset. Please start taking your antibiotics the day before surgery, and continue until the entire supply is completed.
2. Lorazepam (Ativan) is a mild sedative, and a mild sleeping pill, that does not make one feel "drugged". Surgery is more easily tolerated if the patient is well rested and relaxed. This will be dispensed in the office on the day of surgery.
3. Mephytone (Vitamin K) will theoretically minimize bleeding and postoperative bruising. Although it is not essential to take Vitamin K 100 mcg, we do recommend it. Take one tablet daily, beginning two weeks before the surgery.
4. Vitamin C, 1,000 mg and Zinc, 1 tablet twice a day for 6 weeks will help with healing process. These can be started after your procedure.
5. Acetaminophen (Tylenol Extra Strength), 500 mg capsules or tablets, does not require a prescription. Taking two tablets, three to four times daily, beginning after surgery, should help minimize postoperative swelling. To treat any minor pain before surgery, take 2 Extra Strength Tylenol (500 mg), as needed. If Tylenol is not acceptable, notify us so that we can arrange a suitable substitute.
6. Arnica Montana Tablets, take 5 tabs sublingual, starting two-three days before your surgery and continue taking for at least 5 days after surgery to help with bruising and swelling.
7. Diphenhydramine (Benadryl) 25 mg capsules or tablets, does not require a prescription. Taking as directed can help to reduce post-operative itching. Be aware that Benadryl may cause drowsiness.

MEDICATION PRECAUTIONS FOR SURGERY PATIENTS

1. Do Not Take ASPIRIN (Anacin or Bufferin) or IBUPROFEN (Advil, Motrin or Nurprin) or Naproxen (Aleve) or any medications that contain these drugs or any similar anti-inflammatory medications, for 10-14 days before and 3 days after surgery. These drugs will promote bleeding and bruising. Check the labels of all your medications, even those which you purchase without doctor's prescription to be sure you are not taking any aspirin or aspirin-like substances. Remove any products containing aspirin from you medicine chest so that you do not inadvertently take it during the week before your surgery. Consult your physician before you stop taking any prescribed medicines. Please inform us if you are taking any medications to treat arthritis, or any blood-thinning, anti-coagulant medications. Below is a list of medications that must be stopped 10-14 days before surgery.

Information about Prescriptions and Medications – Page 2

Advil	Children's	Empirazil	Ketoprofen	Oxybutazone	Sulindac
Aleve	Asprin	Endodan	Ketorolac	Oxaprozin	Synalgos
Alcohol	Choline	Excedrin	Lortab ASA	Pamprin	Tanacetum
Alka Selzer	Salicylate	Feldene	Magan	Pepto-Bismol	Parthenium
Amigesic	Clinoril	Fenoprofen	Mg Salicylate	Persantine	(fever few)
Anacin	Congesprin	Feverfew	Meclofenamate	Persantine	Tolectin
Anaprox	Cope	Fiorinal	Meclofen	Phenaphen	Tolmetin
Anaproxin	Coricidin	Flurbiprofen	Medipren	Phenylbutazone	Toradol
Ansaid	Corticosteroid	Froben	Mefenamic	Piroxicam	Trandate
APC	Coumadin	4-Way Cold	Menadob	Ponstel	Trendan
Argesic	Darvon ASA	Garlic	Midol	Prednisone	Trental
Arthra G	Darvon	Gelpirin	Mobidin	Ouagesic	Trigesic
Arthropan	Compound	Genpril	Monogesic	Relafen	Trilisate
A.S.A.	Daypro	Genprin	Motrin	Rexolate	Tusal
Ascodeen	Depakote	GinkoBiloba	Nabumetone	Robasissal	Vanquish
Ascriptin	Dexamethasone	Goody's Body	Nalfon	Roxiprin	Vitamin E
Asoergum	Diclofenac	Pain	Naprosyn	Rufin	Voltaren
Aspirin	Dipyridamole	Haltran	Naproxen	Saletto	Warfarin
BC Powder	Disalcid	Halfprin	Norgesic	Salflex	Willow
Baby	Divalproex	Ibuprin	Norwich	Salsalate	Zactrin
Baver	Doan's Pills	Ibuprofen	Ex Str.	Salsitab	Zorprin
Brufen	Dolobid	Ibuprohm	Nuprin	Sine Off	
Bufferin	Dristan	Indameth	Ocufen	Sine Aid	
Butazolidin	Easprin	Indocin	Orudis	Thiosalicylate	
Cephalgesic	Ecotrin	Indomethascin	Oruvail	Soma	
Cheracol	Empirin		Oxyphenbutazon		

- Do not take decongestant medication containing pseudoephedrine (Sudafed, Actifed) for 10-14 days prior to your surgery. These can cause the heart rate to beat too rapidly.
- Appetite suppressant drugs phentermine (Fastin), should not be taken for at least 10 days before surgery. Do not stop appetite suppressants abruptly as you may have side effects. To avoid side effects such as depression, it is better to begin decreasing the dose gradually two weeks before surgery. Maintain a healthy diet and stop aggressive weight loss diets for a safe surgery and good healing.
- Do not take anti-depressants, such as Zoloft or tricyclics for 10-14 days before surgery. Please consult your prescribing physician before discontinuing any of your prescribed medications.

Patient Signature: _____ Date: _____

Witness: _____ Copy to Patient? _____

Medications and Foods that POTENTIALLY Interact with Tumescant Anesthetic
Notify Dr. Carreon if you are taking any of the following:

- Anesthetics**
 - Propofol (Dipro /an)
- Anti-Arhythymics**
 - Mexiletine (Mexitol)
 - Proafenone (Rythmol)
 - Quinidine (Quinaglute)
- Anti-Asthmatics**
 - Zafirlukast (Accolate)
 - Zileuton (Zyflo)
- AAAntibiotics/Anti-Microbials/Anti-Infectives**
 - Ciprofloxacin (Cipro)
 - Clarithromycin (Biaxin)
 - Chloramphenic
 - Enoxacin (Penetrex)
 - Erythromycin
 - Isoniazid
 - Norfloxacin (Noroxin)
 - Troleandomycin (Tao)
 - Tetracycline
- Anti-Convulsants**
 - Acetazolamide (Diamox) (a diuretic)
 - Carbamazepine (Tegretol)
 - Divalproex (Depakote)
 - Stiripeentol
 - Valproic acid (Depakene)
- Anti-Diabetics**
 - Troglitazone (Rezulin)
- Anti-Fungal Medications**
 - Fluconazole (Diflucan)
 - Itraconazole (Sporanox)
 - Ketoconazole (Nizoral)
 - Metronidazole (Flagyl)
 - Miconazole (Monistat)
- Anti-Histamines**
 - Astemizole (Hismanol)
 - Terfenadine (Seldane)
- Anti-Neoplastics**
 - Tamoxifen (Nolvadex)
- Anti-Psychotics**
 - Clozapine (Clozaril)
 - Sertiadole
 - Pimozide (Orap)
- Anti-Secretory**
 - Omeprazole (Prilosec)
- Benzodiazepines**
 - Alprazolam (Xanax)
 - Flurazepam (Dalmane)
 - Midazolam (Versed)
 - Triazolam (Halcion)
- Beta Blockers**
 - Propranolol (Inderol)
- Calcium Channel Blockers**
 - Amiodarone (Cordarone)
 - Diltiazam (Cardiazam)
 - Felodipine (Plendil)
 - Nifedipine (Procardia)
 - Verapamil (Calan)
- Corticosteroids**
 - Dexamethazone (Decadron)
 - Methylprednisolone
- Food/Beverages**
 - Naringenin (Grapefruit Juice)
- Hormones**
 - Ethinylestradiol (Estinyl Feminone)
 - Danazol (Danocrine)
- H2 Blockers**
 - Cimetidine (Tagamet)
- Immunosuppressants**
 - Cyclosporine (Neoral, Sandimmune)
- Miscellaneous**
 - Anastrozole (Arimidex)
(Nonsteroidal aromatase inhibitor)
 - Caffeine
 - Cannabinoids
 - Cortisporin (Cortisol)
 - Methadone (Narcotic)
 - Mibefradil Dihydrochloride (Posicor)
 - Pentroxifylline (Trental)
 - Ramacemide
 - Tacrine (Cognex) (Reversible Cholinesterase)
- Protease Inhibitors/Antivirals**
 - Diethylthiocarbamate (Imuthiol)
 - Indinavir (Crixivan)
 - Nevirapine (Viramune)
 - Nelfinavir (Viracept)
 - Ritonavir (Norvir)



Melanie Carreon, M.D., P.A.

Laser Cosmetic Solutions
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(830) 379-9266

Acknowledgement of Receipt
Of the
Notice of Privacy Practices

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

I acknowledge that this Practice has provided me with a written copy of the Notice of Privacy Practices.

I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

May we release health information about you to a family member(s), or another individual or caregiver(s)? Yes No - If yes, list names below:

Name	Relationship	Phone No.
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Patient Signature Date

Personal Representative Signature (if applicable) Relationship to Patient