



PLASTIC SURGERY

WE DO NOT ACCEPT INSURANCE FOR SURGERY

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Would you like to receive text message appointment reminders? Yes No

Best phone number for us to text or leave a message: _____

Ethnicity: _____ Language: _____

If you do not speak English, who is your interpreter? _____

Gender: Male Female Other Height: _____ Weight: _____

HOW WERE YOU REFERRED TO STAR PLASTIC SURGERY?

Were you referred to us by a physician? Yes No Name of referring physician: _____

Referred by friend/relative Name of referring friend/relative: _____

TV/Streaming Radio Star Website Magazine Facebook Drive by Google

Star Instagram Hydrafacial Instagram Emsculpt Instagram Sciton Instagram

Have you ever had cosmetic surgery? Yes No If YES, please complete the following information:

1. Type of cosmetic surgery: _____ Date of surgery: ____/____/____

Physician name: _____

2. Type of cosmetic surgery: _____ Date of surgery: ____/____/____

Physician name: _____

3. Type of cosmetic surgery: _____ Date of surgery: ____/____/____

Physician name: _____

How long have you been thinking about having cosmetic surgery? 6 months 1 year 2+ years



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WHAT TYPES OF PROCEDURES ARE YOU CONSIDERING?

Liposuction:

- Abdomen
- Arms
- Back
- Chin / Neck
- Legs / Hips

Breast Procedure(s):

- Breast Reduction
- Breast Lift
- Breast Augmentation

Face:

- Full Face
- Forehead
- Neck
- Nose Reshaping
- Eyelids
- Chin

Body:

- Tummy Tuck
- Brazilian Butt Lift
- Labiaplasty
- Botox / Fillers**

YOUR EMPLOYMENT

Are you currently employed? Yes No

Employer: _____ City: _____

What type of work do you do? _____

Have you planned for time off from your job/profession for your surgery and recovery? Yes No

When do you plan to have your surgery? Month: _____ Year: _____

I plan to pay for my surgery with: Cash Credit Card Financing Other _____

COST OF COSMETIC SURGERY

Each patient fee is based upon you, individually. No two patients are alike- even twins. The same rule applies to plastic surgeons. The education, skill and ability of your surgeon should be of utmost importance to you when considering cosmetic surgery.

QUESTIONS YOU HAVE FOR YOUR CONSULTATION:

Signature _____ Date: _____