UT Southwestern Medical Center

Cosmetic Surgery Resident Clinic Application
Department of Plastic Surgery

PERSONAL INFORMATION

Patient Name: _____ Gender: M__ F__
Address: _____ Date of Birth: _____ Age: _____
City, State, ZIP: _____Single __ Married __ Other ___
Occupation: _____Employer: _____
Home Phone Number: (____) _____May we leave a message at your home? _____
Work Phone Number: (____) _____May we call you at work? _____
Cell Phone Number: (____) _____May we call you on your cell? _____
Email Address: _____May we contact you via email? _____

We do not share email or telephone information with third parties.

How did you hear about this clinic? _____
Do you have a preferred resident?_____
Person to notify in an emergency: _____
Relationship to patient: _____
Address: _____
Home Phone#: _____ Work Phone#: _____ Cell Phone#_____

COSMETIC INTEREST QUESTIONNAIRE

Procedures or products of interest to you (please check all that apply). In addition to why you are here today, please indicate any procedures you may want in the future.

- ☐ Breast Augmentation
- ☐ Liposuction
- ☐ Breast Lift
- ☐ Brachioplasty (upper arm lift)
- ☐ Abdominoplasty (tummy tuck)
- ☐ Facelift
- ☐ Thighplasty (inner thigh lift)
- ☐ Laser Facial Resurfacing
- ☐ Laser Hair Removal
- ☐ BOTOX® Cosmetic (Botulinum Toxin Type A)
- ☐ Chemical Peels
- ☐ Other, please specify _____
  _____

- ☐ Breast Reduction
- ☐ Necklift
- ☐ Rhinoplasty (nose)
- ☐ Male Breast Reduction(gynecomastia)
- ☐ Blepharoplasty (eyelids)
- ☐ Browlift
- ☐ Otoplasty (Ears)
- ☐ Fat Injections
- ☐ Fillers

UTSouthwestern Medical Center

Patient Name:_____ **Date:**_____

This is part of your CONFIDENTIAL Medical Record

Reason for Consultation:

_____

Drug Allergies:_____**Height**_____**Weight**_____

Medications/Dosages Taken Regularly:

_____

_____

Are you taking Aspirin or any mediations containing aspirin or ibuprofen?_____
Vitamins/Herbs/Fish Oil?_____

Have you ever had any reaction to injections of a local anesthetic?_____

Are you allergic to Bandaids, tape, or adhesive?_____

Date of last physical:_____ Primary Care Physician:_____

Previous Surgeries, dates, and Physicians:

_____

_____

_____

GENERAL HEALTH Check all that apply

	YES	NO
Diabetes	☐	☐
Eye Problems	☐	☐
High Blood Pressure	☐	☐
Heart Disease	☐	☐
Cancer_____	☐	☐
Anemia	☐	☐
Ulcers	☐	☐
Lung Problems	☐	☐
Psychiatric Disorders	☐	☐
Neurological Disorders	☐	☐
Rheumatic Fever	☐	☐
Do you get nauseated easily?	☐	☐
Do you bruise easily?	☐	☐
Do you have Hepatitis ?	☐	☐
Do you have HIV or HIV risk factors	☐	☐

DO YOU SMOKE? Yes_____ No_____

How much alcohol do you drink?_____
_____

Have you had an Electrocardiogram (EKG) in the past year?_____Normal?_____

Have you been under a physician's care in the past or currently for any medical condition? If so, what condition and who is/was the Physician?

_____
_____
_____
_____

Female Patients ONLY:
Are you taking oral contraceptives?_____ Are you pregnant or trying to become pregnant?_____
How many times have you been pregnant?_____ Did you breast feed?_____
How many children do you have? _____ Do you have a mother or sister with Breast Cancer? Yes No
Have you had a mammogram in the past year? _____ Normal?_____

Form Completed By:_____ Date:_____

UT Southwestern Medical Center

RESIDENT COSMETIC CLINIC CONSENT FORM

New Patient Paperwork

New paperwork is reviewed every Monday by the Resident Cosmetic Clinic Coordinator and one of the Chief Residents. The applicant will be contacted by the Clinic Coordinator once it was been reviewed to schedule a consultation. Please send completed paperwork to:

Mail application to: Department of Plastic Surgery- Resident Cosmetic Clinic
1801 Inwood Rd. 4th Floor Dallas, TX 75390-9132

Fax to: 214-645-3148

All consult appointments are on the 5th Floor of the Outpatient Building

New Patient Consultation

THE NEW PATIENT CONSULTATION FEE IS $125. This consult fee is collected at time of the first consultation. This fee covers the cost of fees of the resident clinic, all doctor visits as well as any pre and post-operative photos taken over the course of treatment. The consultation fee does NOT apply to the cost of surgery.

Please be informed, if not mentioned prior to your consultation, you will be placed with any of our Chief/Senior Residents. In the new patient consultation, the patient will meet his/her Chief/Senior Resident to discuss procedures of interest, take pre-operative photographs and discuss related fees with Resident Cosmetic Clinic Coordinator. Recommendations may be given on the steps necessary to obtain maximum results. Although there may be several procedures of interest, the new patient consultation will be focused on procedures medically feasible in one setting and most desired by the patient at the time. Once one successful surgery has taken place, and adequate healing time allowed, the patient can return (without repeating the entire process) for the remaining interests. Please note this may incur another consultation fee and/or photographs of the anatomical region of interest. **A consultation does not guarantee surgery.**

We utilize UT Southwestern's Outpatient Building (Outpatient Surgery Center) for clinical visits (i.e., new patient consultations, pre and post-operative visits, laser procedures, and follow-up visits). At any given time the patient could be asked to follow-up at the facility, based on the Chief/Senior Resident's academic rotation schedule. This is to ensure the patient can be evaluated within the appropriate time necessary for care.

Surgery

The decision to proceed with surgery will be based on your eligibility. After assessing your health, which includes: history and physical exam, the ability to achieve realistic positive results, availability of time on the operating room schedule, and the Chief/Senior Resident's educational requirements according to the planned procedures, the Chief/Senior Resident will schedule your surgery. This may not necessarily take place in a short period of time or desired time of the patient; but rather in a time that's feasible for all three parties involved. Surgeries are also scheduled around the Chief/Senior Resident's academic rotation schedule. We request flexibility and understanding.
It is very important to make sure accurate contact information is given, as this part of the process will depend heavily on communication.

We utilize various facilities. Several factors are involved in determining which facility will be used for surgery. These factors include:availability, patient preference, fees, and accessibility. We request flexibility in the scheduling process.

UT Southwestern Medical Center

RESIDENT COSMETIC CLINIC CONSENT FORM

Payment

Once Chief/Senior Resident determines which surgical procedures are necessary, patient will be given a price breakdown for all costs and procedures. This includes the surgeon, facility and anesthesiology fees. Although the patient receives an estimate during the new patient consultation, a final quote is given once the surgery has been confirmed. If patient agrees to the fees and wishes to proceed with surgery, **a $500 non-refundable deposit is due once you are given a date to solidify your surgery. This deposit will deduct from the total surgery cost.**

PAYMENT IN FULL IS DUE AT LEAST 3 WEEKS PROIR TO SURGERY

It is the patient's responsibility to pay in a timely manner. Failure to pay in the 3 week time frame may result in cancellation or delay of surgery, and loss of $500 deposit. **Every method of payment is accepted in the Resident Cosmetic Clinic...except cash, personal checks, insurance, Care Credit and medical flex card.**

Follow-Up

All post-operative patients are required to follow up 1 week after surgery. Post-operative follow-up visits are determined by the Chief/Senior Residents as needed for your care. These visits are scheduled depending on the Chief/Senior Resident's academic rotation

Cancellation

Because of the high demand and limited availability of operation room time, cancellations may delay your surgery for several months; and may sometimes not be rescheduled. Once you have been scheduled and confirmed for surgery, please follow-up by calling the Resident Cosmetic Clinic Coordinator to settle fees and avoid canceling your surgery time.

Important Information

My signature indicates I have read and understand the processes involved with the Resident Cosmetic Clinic, and agree to the contents therein:

Signature: Date:

Printed Name: