



## PATIENT INFORMATION

Please provide the following information for our records. This will help us to better serve you. If you have any questions, please don't hesitate to ask a member of our staff. (Please print)

Name: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  Male  Female SS No: \_\_\_\_\_ - -

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Divorced

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

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

\* May we contact you at the above address and/or number?  Yes  No

Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Company Name

\_\_\_\_\_ City State Zip

In case of emergency, name of person other than spouse we should notify:

\_\_\_\_\_ Name Relationship Phone

Who can we thank for referring you to our practice? \_\_\_\_\_

How did you learn about our center? (Please check as many as apply)

- |                                 |                                    |                                  |                                       |
|---------------------------------|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Salon/Spa | <input type="checkbox"/> Radio   | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Magazine  | <input type="checkbox"/> TV      | <input type="checkbox"/> Brochure     |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Seminar | <input type="checkbox"/> Other _____  |

What services would you like to learn more about?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Laser Skin Resurfacing       | <input type="checkbox"/> Botox Treatment             | <input type="checkbox"/> Tattoo Removal     |
| <input type="checkbox"/> Laser Eyelid Surgery         | <input type="checkbox"/> Treating Leg Veins          | <input type="checkbox"/> Permanent Makeup   |
| <input type="checkbox"/> Laser Hair Removal           | <input type="checkbox"/> Laser Spider Vein Treatment | <input type="checkbox"/> Skin Care Services |
| <input type="checkbox"/> Collagen Replacement Therapy | <input type="checkbox"/> Birthmark Removal           | <input type="checkbox"/> Skin Care Products |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this important information form.

## PRE-OP INSTRUCTIONS-GENERAL

### Prior to Surgery:

- A pre-operative visit to Williamson Cosmetic Center is required two weeks prior to surgery.
- I understand that the scheduled time of my surgery will be provided by Williamson Cosmetic Center One week prior to surgery. I understand that the time provided is tentative and subject to change. I understand that the time will be confirmed one week proceeding the surgery via a telephone call at the number I provide to Williamson Cosmetic Center.

### Ten (10) Days Prior to Surgery:

- **Stop Smoking: Smoking** reduces circulation to the skin and impedes healing (this is especially important if having a facelift, breast lift, breast reduction, or tummy tuck).
- **Vitamin C 1000mg twice a day:** Begin taking vitamin C daily to improve your general health. **Take them ten (10) days before and after surgery.**
- **Do not take any aspirin containing medications for ten (10) days before and ten (10) days after surgery:** Carefully review the list of drugs provided for you. Medications such as Motrin, IB Profen, Excedrin, ASA, vitamin E, herbal and dietary supplements may cause bleeding during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol). Check with your physician regarding administration of antidepressants, diuretics, or other routine medications.

### Day Before Surgery:

- **Prescriptions:** Ensure that all of your prescriptions have been filled before the day of surgery.
- **Do not eat or drink anything after midnight the day before your surgery.** This includes water, coffee, tea, juice, etc.

### Day of Surgery:

- **Medications:** If instructed to continue your medication regime, take your medication with only a sip of water.
- **Make-Up:** Please do not wear moisturizers, creams, lotions, fingernail polish, eye make-up or other type of make-up.
- **Clothing:** Wear only comfortable, loose-fitting clothing that either buttons or zips in the front. Remove hairpins, wigs, contacts, and jewelry. Please do not bring any valuables with you.

## POST-OP INSTRUCTIONS-GENERAL

- If you have excessive pain, bleeding, or a fever of 101 or greater orally, call the office at (225) 927-7546 day or night. A physician will call you back.
- **Dressings:** Keep your dressings as clean and dry as possible. Do not remove them unless instructed to do so.
- **Activity:** Take it easy and pamper yourself. We want you to avoid straining and straining and aerobic activity for at least 3 weeks after surgery or until specifically okayed by your physician. This will help decrease unnecessary bleeding, bruising, or swelling. Your surgeon will let you know when to resume strenuous exercise or activity as the time may vary with procedures.
- **Leg Exercises:** Begin doing leg exercises as soon as you begin to recover from anesthesia. Point and flex your toes 5 to 10 times every hour.
- **Ice Packs:** Use ice packs to reduce swelling, bruising, and pain for 3 days after surgery, unless otherwise instructed.
- **Diet:** If you are free from nausea and vomiting, return to a normal diet as tolerated.
- **Smoking:** Smoking reduces capillary flow to the skin thus impeding the healing process. Therefore; we ask that you not smoke for at least 10 days after surgery, especially after a facelift, breast lift, breast reduction, or tummy tuck.
- **Alcohol:** Alcohol dilates the blood vessels and thereby may increase post-operative bleeding. Most importantly, the combination of alcohol and prescription pain medication can be very dangerous. We ask that you do not drink while taking pain medication.
- **Driving:** Please do not operate complex or dangerous machinery for at least 24 hours after general anesthesia or intravenous sedation or while taking prescription pain pills. Also, if you do not have full vision or do not have full range of motion of your neck, do not drive.
- **Legal Decisions:** Do not make any important decisions for at least 24 hours after surgery.
- Please follow and review any procedure specific post-operative instructions given to you.
- For your first post-operative visit, you will go to Williamson Cosmetic Center to the Post-Operative Waiting Area.