

Breast Implants Central



Consultation Questions & Checklist

Date: _____
Surgeon: _____
Address: _____

Time: _____
Telephone: _____
Website: _____

Certified by The American Board of Plastic Surgery (ABPS): [] 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 breast augmentation surgery?
4. How many breast augmentation surgeries have you performed? How many do you perform each month?
5. Have you performed breast augmentation on anyone of your staff? May I speak to her?

Breast Implants Questions

1. What Breast Implant Manufacturer do you prefer and why?
2. Which Breast Implant do you recommend for me? [] Saline [] Silicone; Model: _____, Size: _____, Shape: _____, Profile: _____, Texture: _____
3. How do you determine which post-operative breast size is best for my body frame size and shape?
4. Which Breast Implant Warranty do you recommend? Can you explain to me what is covered under warranty?
5. _____
6. _____

Breast Augmentation Surgery Questions

1. Which incision placement do you feel is right for me? [] Crease [] Peri-areolar (nipple) [] Trans-axillary (armpit) [] Transumbilical (belly button). Why?
2. Which implant placement do you feel is right for me? [] Subglandular [] Subpectoral [] Full Submuscular Why?
3. Where will my surgery be performed? [] On-site Accredited Surgery Center [] Off-site Accredited Surgery Center [] Hospital
4. What type of anesthesia do you prefer to use and why?
5. Will I have a CRNA or a Board Certified Anesthesiologist?

6. What labwork am I required to have before surgery? CBC PT Test HIV Test Pregnancy Test Mammogram Full Physical ECG/EKG Other?
7. How long will my surgery take to perform?
8. What is the rate of Capsular Contracture in your practice and what do you feel influences this?
9. _____

Miscellaneous

1. How much will my surgery cost? Is this price all-inclusive?
2. If I am reasonably dissatisfied, what is your revision policy?
3. If I have a complication which requires a second surgery, what portion, if any, will be covered?
4. _____

Conclusion

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.