

## BREAST/BODY CONSULTATION

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WHAT PROCEDURE ARE YOU INTERESTED IN?** \_\_\_\_\_

**WHEN DO YOU WANT THIS PROCEDURE?** \_\_\_\_\_

**QUESTIONS YOU HAVE REGARDING THE PROCEDURE:** \_\_\_\_\_

### FOR BREAST PATIENTS ONLY:

Current bra size: \_\_\_\_\_ Desired bra size: \_\_\_\_\_

### Individual desires (please circle):

Breast lift: YES NO

If NO breast lift, incision preference: UNDERARM UNDER BREAST UNDER AREOLA

Placement of implant: UNDER MUSCLE ABOVE MUSCLE

Type of implant: SALINE SILICONE

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### (OFFICE USE ONLY)

#### PATIENT DATA

BLOOD PRESSURE: \_\_\_\_\_ TEMP: \_\_\_\_\_ PULSE: \_\_\_\_\_ AGE: \_\_\_\_\_ BMI: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FAT %: \_\_\_\_\_

CHILDREN: \_\_\_\_\_ NURSED: \_\_\_\_\_

NECK RANGE OF MOTION: LIMITED FULL

#### BREAST PATIENTS

Implant Sizes Tried \_\_\_\_\_

Patient Requests \_\_\_\_\_

Chest \_\_\_\_\_

Waist \_\_\_\_\_

Hips \_\_\_\_\_

Base Diameter RT \_\_\_\_\_ LT \_\_\_\_\_

IMPLANT: SMOOTH TEXTURED SALINE GEL HP UHP MOD MOD+ XTRA

#### BODY PATIENTS

PT REQUESTS: \_\_\_\_\_

AREAS: \_\_\_\_\_