Tummy Tuck Consultation Questionnaire

Doctor name:	Consult date:
EXPERIENCE QUESTIONS	
 What board certification(s) do you hold? How many years have you been performing cosmetic surgery? How many times have you performed tummy tuck surgery? 	
SAFETY QUESTIONS	
 Will my operation be performed in an accredited surgery center? YES Where do you hold hospital privileges? Who will administer my anesthesia? What are the risks associated with tummy tuck surgery? 	
PROCEDURE QUESTIONS	
Which type of tummy tuck do you recommend for me and why?	
How will you customize my tummy tuck for my anatomy? How can I get	
Can you show me results you have achieved for patients who had similar (Make notes on the results here.)	
How have you helped past patients who have had complications?	

PROCEDURE TIMELINE • What should I do to prepare in the weeks leading up to surgery? • How long will I need to take off work and when can I do daily tasks, such as driving, again? FEES & FINANCING • Is the fee quote you gave me all-inclusive? (If desired, also ask about financing options.) YES O NO O **ADDITIONAL NOTES**