

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 NO
- 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 the best results?

- Can you show me results you have achieved for patients who had similar concerns and anatomy?
(Make notes on the results here.)

- How have you helped past patients who have had complications?

