

LipoSite

Liposuction & Tummy Tuck Information Resources

LIPOSITE.COM – LIPOSUCTION CONSULTATION CHECKLIST

Instructions: Print a copy of this checklist for each of your consultations. Ask permission to take notes during the consultation. If you have any additional questions you would like to ask, we have supplied some blank lines at the end of this checklist and you can write your questions and the answers there. We welcome your feedback on this checklist and are always looking for ways to improve it. If you want to share any comments or suggestions with us, please send an e-mail to: hope@liposite.com.

Section 1 – Consultation Information

Date of Consultation: _____ Time of Appointment: _____

Plastic Surgeon's Name: _____

Office Phone Number: _____

Section 2 – Credentials

Is the doctor Board Certified? []Yes []No

American Board of Plastic Surgery? []Yes []No If yes, what year? _____

List any other board certifications: _____

How long have you been practicing plastic surgery? _____

How long have you been practicing in this location? _____

At which hospitals do you have admitting privileges? _____

Are you a member of the American Society of Plastic Surgeons (ASPS)? []Yes []No

How about the American Society for Aesthetic Plastic Surgery (ASAPS)? []Yes []No

Note: The two organizations above are the largest of the professional societies for plastic surgeons. More than 95% of all board certified plastic surgeons are ASPS members. A smaller percentage belong to ASAPS.

Section 3 – Insurance & Licensing

Check the status of the surgeon's medical license with the state. You can find the contact information for each state's licensing agencies on LipoSite.com.

Does the surgeon carry malpractice insurance? []Yes []No The reason you want to know is to determine if there is any reason why an insurance carrier would not cover the doctor.

Section 4 – Liposuction Experience

How long have you been performing liposuction? _____

How many times do you perform liposuction in an average year? _____

Ask to see before and after photos of some of the doctor's liposuction patients.

Ask for references of past liposuction patients. Fill in any contact info on these lines: _____

Section 5 – Surgical Facilities

Where will the procedure be performed? _____

Is the surgical facility accredited? []Yes []No If yes, by whom? _____

If you would like, ask for a tour of the surgery facilities after your consultation.

Section 6 – Your Medical Conditions & Medications

Ask if there are any medical conditions which would prevent you from getting liposuction. (See the list on LipoSite.) _____

Write down any of your existing medical conditions so you can discuss them with the plastic surgeon. _____

Make a list of the medications you are taking and share them with the doctor. Don't forget to include vitamins and other supplements because they sometimes can cause interactions with anesthesia or other medications your doctor may prescribe. _____

Section 7 – Liposuction Costs

What is the cost of the procedure? _____

Does this include the costs of anesthesia, surgical facilities, etc.? []Yes []No If the answer is No, what are the additional costs? _____

Do I need to purchase any medications? []Yes []No If yes, Cost? _____

Do I need to purchase any supplies for my recovery, such as ice packs, recovery garments, etc? []Yes []No If yes, what do I need to buy and what is the cost? _____

Are there fees for follow-up visits? []Yes \$_____ []No

When is payment due? Deposit (Date & Amount) _____

Final payment (Date & Amount) _____

What is your cancellation and refund policy? _____

If you are interested in learning about financing for your liposuction, ask about it. _____

Section 8 – Anesthesia

What type of anesthesia will you use? _____

Who will administer the anesthesia? _____

What are their credentials? _____

Note: You can often check these credentials with the same organization that does medical licensing in your state. See FaceForum for more details.

Are there any special instructions I will need to follow for the anesthesia, such as eating/drinking or medication restrictions? _____

How can I expect to feel after waking and will I need a ride home? _____

Section 9 – The Liposuction Procedure

Ask for a description of the procedure and record any notes here: _____

What technique do you use? _____

Why do you prefer that technique? _____

How long will the procedure take? _____

How long before surgery must I arrive? _____

How much time will I be in recovery before I can leave for home? _____

In your experience, what kind of complications and complication rates have you seen? _____

Section 10 – Post-Operative Care

Are there any special instructions I should follow once I get home? (Note: You will usually getting a printed instruction sheet.) _____

Are there any supplies I should buy and keep on hand for my recovery? _____

Will I need any special assistance in the days following liposuction? _____

What kinds of things should I be on the alert for that would indicate an emergency for which I should contact you? _____

What are your emergency contact numbers? _____

What kind of pain medications will I be given? _____

When can I resume normal activity? _____

When can I drive again? _____

When can I return to work? _____

What is the normal follow-up visit schedule after liposuction? _____

What is your policy on touch-up procedures, if needed? _____

Section 11 – Healing

Describe the liposuction healing process. _____

What kinds of things are normal after surgery, but tend to upset people anyway? _____

Section 12 – Scheduling Surgery

When can I schedule my liposuction? _____

How many days should I plan on being off work or having reduced activity levels after my procedure? _____

Additional Notes: _____