

# AMOR PROPIO

AESTHETIC SURGERY

## SURGICAL READINESS AGREEMENT

My caretaker is responsible, reliable, 18 years or older, and will be with me for 24 hours after I am discharged from surgery. My caretaker will be:

- Caretaker Name:
- Caretaker Phone Number:

My caretaker has been fully informed about my procedure, recovery phase, and possesses the physical capability to assist in my post-operative care.

I am aware I will need help at home for at least the first 10 days after surgery and have made the necessary arrangements.

I understand I cannot drive for at least 24 hours after my surgery or while I am taking pain medication or muscle relaxers.

I have made the necessary transportation arrangements with my caretaker for the day of surgery and all follow up appointments.

I will follow the postoperative instructions given to me by my surgeon

Though I may not live close to the DFW area, if my surgeon feels an immediate evaluation is warranted, I will present to the office same day to be seen.

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PATIENT SIGNATURE

DATE