

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.

PATIENT SIGNATURE

DATE