## MORGAN COSMETIC SURGERY

## PRE-BOOKING CONSENT: OUT-OF-AREA PATIENTS (1 of 2)

This Consent is intended to help both you and us to be as sure as possible that out-of-town surgery is right for you.

It is important to understand that if you do not live in the Atlanta area or especially if you are out-ofstate, surgery recovery can be more difficult. Here are a few important things to consider before making your decision to book surgery:

-Out-of-area surgery means you may not be able to return to see us for some or all of the standard 1 week, 2 week, 6 week and 6 month post-operative appointments, because of distance or the cost of traveling back and forth.

-Unexpected situations may arise that need care at home.

-You may need more reassurance that you expect.

-Minor touch-up procedures may be needed at some point to get your best possible result.

-You may have a condition or situation that makes out-of-area surgery unsuitable.

- I, \_\_\_\_\_\_ (your name) understand and agree:
  - 1. I will provide all documents and payments within the time requested.
  - 2. For major surgery, I will arrive for my pre-operative appointment no later than noon the day before my surgery is scheduled.
  - 3. For minor surgery in the office, local anesthesia I may be able to arrive and leave the same day, <u>but only if Dr. Morgan gives me written approval in advance.</u>
  - 4. I may need to stay longer than expected if unusual situations arise.
  - 5. I have supportive family, friends or professionals to help me at home.
  - 6. I have fully disclosed in writing my complete medical and psychological history and present psychological and medical condition and treatment.
  - 7. If I am a smoker, I know that smoking in the 6 weeks before and after surgery can cause poor healing and bad surgical results for which I accept full responsibility.
  - 8. Before major surgery, I will arrange with a plastic or facial plastic surgeon in my own area for post-operative care if needed and know that I will be charged for such care at that physicians rates, which are not in any way affiliated with Morgan Cosmetic Surgery.
  - 9. I understand that I may need to send post-operative pictures via text or email in order for Dr. Morgan to have a post-operative visual or for any concerns that I would like her to see and address, and I am comfortable with sending pictures this way.

Name	Date	Signature	
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	morgancosmeticsurgery.com	Atlanta, Georgia 30309	
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## Morgan Cosmetic surgery

## PRE-BOOKING CONSENT: OUT-OF-AREA PATIENTS (2 of 2)

- 10. The rates extended to me for my surgery and any possible touch up or revision surgeries that may be required, will not be discounted to compensate for any travel or time.
- 11. Before surgery, I will arrange for my own physician to remove any sutures that are placed by Dr. Morgan
- 12. I can ask for the use of absorbing sutures but understand these leave poorer scars.
- 13. If I have had any psychological or mental health treatment in the past 10 years, I have given Dr. Morgan, the name and contact information of those who treated me and hereby allow her to discuss my psychological condition I book surgery.
- 14. I am not under unusual stress of any kind including:
  - a. I do not suffer from severe anxiety and depression.
  - b. I do not have post-traumatic stress disorder, a traumatic brain injury or other major post-traumatic condition.
  - c. I do not abuse legal or illegal substances and have not done so in the past 10 years.
  - d. I am not in an abusive relationship.
  - e. I do not have a criminal record and am not facing prosecution for a crime.
  - f. I am not involved in on-going litigation (law suits).

Name \_\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_\_



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