



Colorado *Facial*
Plastic Surgery
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Creating Beautiful Faces

Aesthetics by *Design*
Creating Beautiful Skin

NeoGraft Pre-Surgical Checklist

Patient Name: _____

D.O.B: _____ Phone: _____ Email: _____

Estimated Grafts to Harvest: _____ Date of Surgery: _____

- Weight: _____
- Allergic to meds? **No** or **Yes**: _____
- Allergic to local anesthetics? **Yes** or **No**
- Allergic to Epinephrine? **Yes** or **No**
- Any significant medical issues? **No** or **Yes**: _____
- _____
- What meds are you currently taking? _____
- _____
- Avoid blood thinners like; ASA, Advil, ibuprofen, alcohol
- We will call in pre-surgical medications to your pharmacy:
Pharmacy Phone: _____ **Fax:** _____

Keflex 500 mg (1 PO BID x 4-5 days; start the day before the surgery)

Valium 10 mg (1 pill 30 minutes prior to the surgery)

Vicodin 5/500 (1-2 pills every 4-6 hours as needed for pain)

- Have you filled out a health history form? **Yes** or **No**
- Have you received consent forms? If no, then forward to patient's email. _____
- Eat a normal breakfast, **do not** come in on an empty stomach _____
- Wear comfortable clothing (button-down shirt, **not a t-shirt**) _____
- Bring a sack lunch _____
- Bring music player like iPod with ear buds, **no headphones** _____
- Bring signed consent forms with you the day of the surgery unless already signed during pre op appointment _____
- Start time TBD by physician. _____
- We will need to shave your hair down in order to harvest _____
- **Only** for training purposes; not for marketing, may we video tape the surgery? **Yes** or **No**
- Is it ok for doctor(s) to observe the surgery? **Yes** or **No**