MI COSMETIC
SURGERY CENTER

BOARDING FORM

Surgeon:	Date:	Preferred Time:	AM or PM
Procedure(s):			
Amount of OR Time Requested: . Hours		23 Hour Postop Monitoring: Y/ N	
Anesthesia: Local_____ LMA _____ ETT _____			

Special Equipment/ Comments/ Requests:

Liposuction: (circle): Vaser/ Microaire/ Fat Graft Apparatus Liposuction Infiltrate # of 1L Bags:_____

Breast Implant Sizers Profile Model/cc : _____ Breast Implants: Allergan Smooth or Sientra Textured

Breast Implant (s) requested on hand : (R): Model #: cc# (L): Model #: cc#

Patient Information:

Patient Last Name:		First Name:	
Gender: Age:	Height: ' " Weight: lbs	BMI:	Date of Birth:
Address:		City State ZIP	
Patient Cell:	Patient email:		

Anesthesia will contact patient 1 week preop. Patient will receive preop instructions, arrrival time, contact & address.

Medical Information:

Allergies: Yes No:	
Medication Allergy List:	
Contact precautions: Herpes, Hepatitis, HI Other:	
Emergency Contact Name/relationship:	Emergency Contact Number:
Patient Transport Day of Procedure Name:	Contact Number:
Insurance Name/Policy/ Group#	Mandatory for breast reduction, removal breast tissue

Please email to Manager@MiCosmeticSurgeryCenter.com; Put Surgeon name/date for surgery in subject line
Please include any additional needs or request in email. Contact 248-550-4320 for Boarding questions/needs. Thank You!