



Cosmetic Surgery
ASSOCIATES

MEDICAL CLEARANCE FOR SURGERY

HISTORY & PHYSICAL (H&P) IS REQUIRED WITHIN 60 DAYS OF SURGERY
MUST BE DONE AT LEAST 14 DAYS BEFORE YOUR SURGERY DATE.

FAX COMPLETE RESULTS TO: 301-493-4420

Any Questions, please call: 301-493-4334

PATIENT : _____

SURGERY DATE: _____ DOB : _____

PROCEDURE: _____

SURGEON: Dr. Jabs Dr. Richards Dr. Magge

The checked boxes are what is required for this patient:

- PRE-OPERATIVE HISTORY AND PHYSICAL ****To include any Bleeding Disorders****
- EKG **Over 45 or with health issues**
- BLOOD WORK **as deemed necessary by your Internist/PCP**
- CARDIAC CLEARANCE **If patient has a Cardiologist**
- OTHER: _____

Cosmetic Surgery Associates
6430 Rockledge Drive
Suite 100
Bethesda, Md 20817
www.cosmeticplastics.com
301-493-4334



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FINANCIAL POLICIES

1. There will be a non-refundable fee for booking and scheduling the surgery of \$500, which is part of the overall surgical fee. Should there be a cancellation, a medically acceptable reason must be provided in writing by your physician. Otherwise, the fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the operating room and in the practice, which are done when surgery is scheduled.
2. Should surgery be canceled without an approved medical reason within 2 weeks of surgery, HALF of the surgical fee will be forfeited.
3. A \$500 rebooking fee will be required if rescheduling within 4 weeks of the original surgical date.
4. You are responsible for the surgical fees quoted, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees. Outpatient Centers, Surgicenters, and Hospitals often have rules that certain tissues removed during surgery must be sent out for evaluation which may result in additional fees.