PSI Surgery Center, LLC
9985 Dayton Lebanon Pike, Centerville, OH 45458
(937) 886-2980

Surgery Date:_____ Surgery Time:_____ Arrival Time:_____

Nurse Visit /Prepay Date:_____ Appointment Time: _____

Post-op:_____ Appointment Time: _____

Preparing for Your Nurse Visit

Prior to your Nurse Visit, go to our Website www.daytonplasticsurgery.com and complete the following:

1) **Print off and read your consent(s).** Initial at the bottom of each page, but wait to sign the last page in the presence of the nurse at your nurse visit as this needs to be witnessed. (Go to Menu >Patient Resources drop down arrow >Patient Forms >Surgery Consents).

**** PATIENT MUST QUIT SMOKING, VAPING OR USING NICOTINE PRODUCTS AT LEAST FOUR WEEKS PRIOR TO SURGERY**

2) **Review Pre Op instructions** (Go to Menu >Patient Resources drop down arrow >Patient Forms >Pre-surgery Forms)
3) **Review ALL Post Op instructions** (Go to Menu >Patient Resources drop down arrow >Patient Forms > Post-Operative Instructions)
4) **Watch ALL videos** (Go to Menu > Videos).
5) **Read Information on Patient Rights and Advance Directives** (Go to Menu >Patient Resources drop down arrow >Patient Forms)
6) **Arrive 15 minutes prior to your scheduled nurse visit. Upon arrival, check in with the receptionist. She will confirm that you have read all of your Surgery Consents.**
    a. **If you have not done so, your appointment may be cancelled due to time limit constraints with appointments following yours.**
    b. **THIS IS VERY IMPORTANT AND COULD RESULT IN YOUR SURGERY BEING RESCHEDULED AS WELL.**

PLEASE BRING THIS FORM AND CONSENT(S) TO YOUR NURSE VISIT

The Following must be completed prior to your Nurse Visit:

Teaching videos:

_____How to Care for Your JP Drain
_____How to Wear a Bandeau
_____Abdominal Binder
_____How to Wear a Chin Strap
_____Wound Care
_____How to Care for Your Pain Pump
_____How to Give a Lovenox Injection

Post Op Instructions:

_____Abdominal Surgery
_____Breast Surgery
_____Lovenox Instructions
_____Blepharoplasty
_____Drainage Record
_____Minor Surgery
_____Body/Buttock/Thigh Lift
_____Facial Surgery
_____MENTOR Warranty
_____Brachioplasty
_____Hand Surgery
_____Nasal Surgery
_____Breast Reconstruction
_____How to Care for Your JP Drain
_____Nipple Reconstruction
_____Breast Recon (at Hospital)
_____Laser Resurfacing
_____Scopolamine Patch Instructions
_____Breast Reduction
_____Liposuction/Fat Grafting

Surgery Consents:

_____Abdominoplasty

_____Augmentation with Larger Implant than recommended

_____Augmentation Mammoplasty Saline

_____Augmentation Mammoplasty Silicone

_____Blepharoplasty

_____Body Lift

_____Brachioplasty

_____Breast Implant Removal

_____Breast Lift Mastopexy

_____Breast Reconstruction Latissimus Muscle Flap

_____Breast Reconstruction with Tissue Expanders

_____Breast Reconstruction with TRAM Abdominal Muscle Flap

_____Breast Reduction

_____Brow Lift Surgery

_____Buttock Lift Surgery

_____Capsulectomy with Breast Implant Replacement

_____Capsulotomy with Breast Implant Replacement

_____Capsulotomy Saline Replace

_____Capsulotomy Silicone

_____Carpal Tunnel Release Surgery

_____Chemical Skin Peels and Treatments

_____Cutaneous Skin Flap Surgery

_____Extensor Tendon Repair Surgery

_____Facial Implant Surgery

_____Facelift Surgery

_____Flexor Tendon Repair Surgery

_____Fat Transfer Breast

_____Fat Transfer Buttock

_____Fat Transfer Face

_____Fat Transfer Hand

_____Fat Transfer Procedures

_____Ganglion Cyst Surgery

_____Gynecomastia

_____Hepatitis and HIV Testing

_____Labiaplasty

_____Laser Resurfacing

_____Liposuction

_____Medial Thigh Lift

_____Mini Abdominoplasty

_____Nasal Injury Repair

_____Nipple Reconstruction

_____Otoplasty

_____Panniculectomy

_____Placement of Breast Implant Following Breast Recon by Tissue Expansion

_____Rhinoplasty

_____Scar Revision Surgery

_____Septoplasty

_____Skin Cancer Reconstruction

_____Skin Cancer Surgery

_____Skin Graft Surgery

_____Skin Lesion Tumor

_____Tenolysis Surgery

_____Tip Rhinoplasty

_____Trigger Finger

_____(**Initials**) **IN THE EVENT AT THE TIME OF DISCHARGE I DO NOT HAVE A RESPONSIBLE ADULT TO TAKE ME HOME & STAY WITH ME, I CONSENT TO TRANSPORTATION BY AMBULANCE & ADMISSION TO KETTERING MEDICAL CENTER. I UNDERSTAND THAT THIS WILL BE AT MY OWN EXPENSE.**

I HAVE READ THE CONSENTS, INSTRUCTIONS, ADVANCED DIRECTIVES POLICY, INFORMATION ON PATIENT RIGHTS AND WATCHED THE VIDEOS THAT PERTAIN TO MY PROCEDURE.

_____/_____/_____

Signature of Patient *(or Person Authorized to Sign for the Patient)* Printed name Date

_____/_____/_____

Witness Printed name Date

Revised 09-19-2024