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

•			
Surgery Date:	Surgery Time:		
Nurse Visit Date:	Nurse Visit Time:		
Post-Op Date:	Post Op Time:		
<u>Preparin</u>	g for Your Nurse	<u>Visit</u>	
Prior to your Nurse Visit, go to our Website w	ww.daytonplastics	urgery.com and compl	lete the following
 Print off and read your consent(s): (Go each page, but wait to sign the last page in the a. Patient must quit smoking, vapidation. 	e presence of the nurs	e as this needs to be witne	essed
 Review Post Op Instructions: (Go to Me Operative Instructions for Breast Reconstructions) Watch all Videos: (go to Menu>Videos) 		drop down arrow>Patien	t Forms>Post-
PLEASE BRING THIS FORM AND CONSENT(S) TO YOUR NURS	<u>E VISIT</u>	
Teaching Videos on our website:			
 How to Care for your JP drain How to Care for your Pain Pump Wound Care Ambit Infusion Pump – watch You -Tube vid Dr. Fox Patients- watch You Tube video on I 		Form Vac	
Post-op Instructions:			
 Breast Reconstruction at the Hospital How to Care for Your JP Drain Drainage Record 			
Surgery Consents:			
Breast Reconstruction with Tissue Expanders			
Breast Reconstruction with Latissimus Muscle	Flap		
Breast Reconstruction with TRAM Abdominal	Muscle Flap		
Breast Reduction (Goldilocks)			
Placement of Permanent Implants following Br	reast Reconstruction		
I ACKNOWLEDGE THAT I HAVE READ THE COMPERTAIN TO MY PROCEDURE.	NSENTS, INSTRUCTI	ONS AND WATCHED TI	HE VIDEOS THAT
Signature of Patient(or Person Authorized to Sign for the I	/	Printed Name	/
		Timos raino	Duic
Witness	/	Printed Name	/ Date
		The state of the s	****

Revised 09/2024 Public