☐ Dr. Jaime Garza, MD.
☐ Dr. Delio Ortegon, MD.
☐ Dr. Donald Novick, MD.
☐ Dr. Quintessa Miller, MD.
☐ Dr. Anna Lisa Chavana, MD.
☐ Dr. Joseph A. Garza, MD.

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San Antonio, Texas 78240
(210) 881-6277

Liposculpting and Center for Regenerative Medicine

Previous Cosmetic Surgeries/Procedure(s): Date:

_____ _____
_____ _____
_____ _____

Botox: ☐ No ☐ Yes Juvederm/Fillers: ☐ No ☐ Yes
Areas:_____

Past Surgical or Anesthetic Complications ☐ No ☐ Yes Explain:_____
_____

BLEEDING	**YES**	**NO**		**YES**	**NO**
Aspirin intake past two weeks	☐	☐	Family history or prolonged bleeding?	☐	☐
Prolonged bleeding when cut?	☐	☐	Have you had blood transfusions?	☐	☐
Reactions to blood transfusions?	☐	☐			

SCARRING
Have you formed excessive or unsatisfactory scars in the past?
☐ No ☐ Yes Explain:_____

ALLERGIES
Are you allergic or have reactions to medications, drugs, or local anesthetic medication?
_____
_____
Type of Reaction: (Hives, Itching, Anaphylaxis, etc.)
_____
_____

Other Allergies: Latex: ☐ Yes ☐ No Iodine: ☐ Yes ☐ No Tape: ☐ Yes ☐ No

Medication Allergies? ☐ No ☐ Yes Explain:_____

CURRENT MEDICATIONS: **(**List all including aspirin and birth control)

Do you or have you taken Accutane? **YES NO**

Name	Dose	Last Taken	Purpose

(Please continue list on the back of this form if needed)