



BODY CONTOURING CONSULTATION PRICE QUOTATION

Patient Name: _____ Date: _____

VANQUISH ME COOLSCULPTING EMSculpt EMTONE

Body Site(s): _____

Price: _____

TUMESCENT/SMARTLIPO TRIPLEX

Body Site(s): _____

Price: _____

Miscellaneous Fee: \$399.00 (Physical, Labs, EKG, Garment(s) & Post op visits)

Total: _____

Limited time offer- Non Refundable, Non Transferable

50% deposit locks in pricing. Remaining balance is due 2 weeks prior to procedure date.

_____ Pricing is based on your weight. Should your weight be higher than what was given at the time of your quote, your price will increase by \$100 per site for every 10 pounds in excess over your stated weight.

_____ Cancellations or Rescheduling*** Penalties:

25% for one week prior to surgery

50% for 72 hours prior to surgery

75% for 24 hours prior to surgery

*****Procedure must be rescheduled within 30 days from the original scheduled date.**

Patient Signature: _____

Witness: _____ Date: _____

Today's pricing is a quotation only and may not be the final price. Please call our office at any time should you have any questions concerning your consultation.



MEDICAL HISTORY

Patient Name: _____

Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

DOB: _____ Age: _____ Marital Status: _____

Employer: _____ Work#: _____

Occupation: _____

Can we contact you at your place of employment? _____ Best Time? _____

Who can we contact in case of emergency? _____

Phone#: _____ Relation: _____

Would you like to receive our monthly newsletter? ____ Yes ____ No

Who can we thank for referring you? _____

Please list all previous and current medical conditions: _____

Please list all previous surgeries, including cosmetic (year and type of procedure): _____

Is there any history of complications or infections with your previous surgeries? _____

If yes, please specify: _____

Please list all immediate family medical history: _____

Please list ALL MEDICATIONS you are currently taking with the dosages and frequency. Please include: **ALL prescription, over the counter medication, vitamins, herbal supplements, allergy medications and any others. Dr. Carreon needs to be informed of ALL MEDICATIONS taken prior to surgery to ensure it would not be a contraindication to the procedure.**



MEDICAL HISTORY # 2

Patient Name: _____

Do you take any aspirin products or pain medications? (Aspirin products include: Ibuprofen, Advil, Aleve, Motrin, Excedrin, Bufferin, BC Powder and Naproxen). **What do you take for headaches?** _____

Please list all known drug, food allergies and/or sensitivities and reaction from allergy: _____

Latex Allergy? _____ Tape Allergy? _____

Do you have any sensitivity to Codeine or Sulfa drugs? _____

Are you a smoker? _____ If yes, what and how much? _____

Any alcohol intake? _____ If yes, what type of alcohol? _____

How many drinks? _____ day/week/month Last intake? _____

Any street drugs? _____ If yes, please list type: _____

Which body areas concern you? _____

What is your current height and weight? _____ Size in clothes? _____

Do you form keloids or abnormal scarring? _____

Do you wear: Contact lenses? _____ Eye Glasses? _____ Dentures? _____

Do you have metal or foreign material in your body including active implants such as a pacemaker, cardiac defibrillator, cochlear implant or non-active implants such as screws, stents, hip replacement, knee replacement? _____

Are you nursing or pregnant? _____

If you are a women of childbearing potential are you using birth control? _____

If yes, what type: _____

Please list your exercise regimen and frequency: _____

Please list you diet regimen: _____

Patient's Family Doctor: _____

I certify that the above information is complete and accurate to the best of my knowledge.

Patient Signature: _____ Date: _____

Witness: _____



MEDICAL HISTORY # 3

Consultant Notes: _____

Acknowledgement of Receipt of the Notice of Privacy Practices



Patient Name: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize information release to: _____
(Name of patient)

from Dr. Melanie Carreon/Laser Cosmetic Solutions for the following:

Tumescent/SmartLipo Triplex/Coolsculpting/Vanquish ME/Emsculpt/Emtone Consultation Price Quotation form.

I understand that my medical record may contain notes from my consultation. I understand that I will NOT hold Dr. Melanie Carreon, M.D., P.A. liable if the above information is lost or stolen. I understand that the information released is for the specific purposes stated above. Any other use of this information without consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except that action has been taken in reliance on it. This consent will expire in 30 days after the date of my signature unless otherwise specified.

Patient Signature: _____

Witness: _____ Date: _____

Below is a list of medications. If you are taking any of these, Please list them in your paperwork under MEDICATIONS.

Advil	Children's Aspirin	Empirazil	Ketorolac	Oxaprozin	Parthenium
Aleve	Choline	Endodan	Lortab ASA	Pamprin	(fever few)
Alcohol	Salicylate	Excedrin	Magan	Pepto-Bismol	Tolectin
Alka Selzer	Clinoril	Feldene	Mg Salicylate	Persantine	Tolmetin
Amigesic		Fenoprofen	Meclofenamate	Phenaphen	Toradol
Anacin	Congesprin	Feverfew	Meclofen	Phenylbutazone	Trandate
Anaprox	Cope	Fiorinal	Medipren	Piroxicam	Trendan
Anaproxin	Coricidin	Flurbiprofen	Mefenamic	Ponstel	Trental
Ansaid	Corticosteroid	Froben	Menadob	Prednisone	Trigesic
APC	Coumadin	4-Way Cold	Midol	Quagesic	Trilisate
Argesic	Darvon ASA	Garlic	Mobidin	Relafen	Tusal
Arthra G	Darvon	Gelpirin	Monogesic	Rexolate	Vanquish
Arthropan	Compound	Genpril	Motrin	Robasissal	Vitamine E
A.S.A.	Daypro	Genprin	Nabumetone	Roxiprin	Voltaren
Ascodeen	Depakote	Ginko Biloba	Nalfon	Rufin	Warfarin
Ascriptin	Dexamethasone	Goody's Body	Naprosyn	Saleto	Willow
Asoergum	Diclofenac	Pain	Naproxen	Salflex	Zactrin
Aspirin	Dipyridamole	Haltran	Norgesic	Salsalate	Zorprin
BC Powder	Disalcid	Halfprin	Norwich	Salsitab	Multi-Vitamin
Baby Bayer	Divalproex	Ibuprin	Ex.Strength Nuprin	Sine Off	
Bayer	Doan's Pills	Ibuprofen	Nuprin	Sine Aid	
Brufen	Dolobid	Ibuprohm	Ocufen	Thiosalicylate	
Bufferin	Dristan	Indameth	Orudis	Soma	
Butazolidin	Easprin	Indocin	Oruvail	Sulindac	
Cephalgesic	Ecotrin	Indomethascin	Oxyphenbutazon	Synalgos	
Cheracol	Empirin	Ketoprofen	Oxybutazone	Tanacetum	

Medications and Foods that Potentially Interact with Tumescant Anesthetic
Please list on your paperwork under **MEDICATIONS** if you are taking any of the following

Anesthetics

Propofol (Dipro /an)

Anti-Arhythymics

Mexiletine (Mexitil)
Proafenone (Rythmol)
Quinidine (Quinaglute)

Anti-Asthmatics

Zafirlukast (Accolate)
Zileuton (Zyflo)

AAntibiotics/ Anti-Microbials/ Anti-Infectives

Ciprofloxacin (Cipro)
Clarithromycin (Biaxin)
Chloramphenic
Enoxacin (Penetrex)
Erythromycin
Isoniazid
Norfloxacin (Noroxin)
Troleandomycin (Tao)
Tetracycline

Anti-Convulsants

Acetazolamide (Diamox) (a diuretic)
Carbamazepine (Tegretol)
Divalproex (Depakote)
Stiripeentol
Valproic acid (Depakene)

Anti-Diabetics

Troglitazone (Rezulin)

Anti-Fungal Medications

Fluconazole (Diflucan)
Itraconazole (Sporanox)
Ketoconazole (Nizoral)
Metronidazole (Flagyl)
Miconazole (Monistat)

Anti-Histamines

Astemizole (Hismanol)
Terfenadine (Seldane)

Anti-Neoplastics

Tamoxifen (Nolvadex)

Anti-Psychotics

Clozapine (Clozaril)
Sertiadole
Pimozide (Orap)

Anti-Secretory

Omeprazole (Prilosec)

Benzodiazepines

Alprazolam (Xanax)
Flurazepam (Dalmane)
Midazolam (Versed)
Triazolam (Halcion)

Beta Blockers

Propranolol (Inderol)

Calcium Channel Blockers

Amiodarone (Cordarone)
Diltiazam (Cardiazam)
Felodipine (Plendil)
Nifedipine (Procardia)
Verapamil (Calan)

Corticosteroids

Dexamethazone (Decadron)
Methylprednisolone

Food/Beverages

Naringenin (Grapefruit Juice)

Hormones

Ethinylestradiol (Estinyl Feminone)
Danazol (Danocrine)

H2 Blockers

Cimetidine (Tagamet)

Immunosuppressants

Cyclosporine (Neoral, Sandimmune)

Miscellaneous

Anastrozole (Arimidex)
(Nonsteroidal aromatase inhibitor)
Caffeine

Cannabinoids

Cortisporin (Cortisol)

Methadone (Narcotic)

Mibefradil Dihydrochloride (Posicor)

Pentoxifylline (Trental)

Ramacemide

Tacrine (Cognex) (Reversible Cholinesterase)

Protease Inhibitors/ Antivirals

Diethylthiocarbamate (Imuthiol)

Indinavir (Crixivan)

Nevirapine (Viramune)

Nelfinavir (Viracept)

Ritonavir (Norvir)