Breast Surgery Consultation Questionnaire

Doctor name:	Consult date:
EXPERIENCE QUESTIONS	
 What board certification(s) do you hold? How many years have you been performing cosmetic surgery? How many times have you performed this breast procedure? 	
SAFETY QUESTIONS	
 Will my operation be performed in an accredited surgery center? Where do you hold hospital privileges? Who will administer my anesthesia? 	
PROCEDURE QUESTIONS	
· What incision plan do you recommend for me and why?	
How will you customize my breast surgery for my anatomy?	
· Can you show me results you have achieved for patients who had (Make notes on the results here.)	d similar concerns and anatomy?
How have you helped past patients who have had complications	?

For patients considering breast implants as part of their procedure plan →
· In your opinion, which type and profile of implants will give me the best result? What size range?
What do you do to reduce the risk of capsular contracture?
FEES & FINANCING
· Is the fee quote you gave me all-inclusive? (If desired, also ask about financing options.) YES O NO O
ADDITIONAL NOTES