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**Full name** ..... **Occupation** ..... **Age** .....

**Height** ..... **Weight**..... **Pulse** ..... **Blood pressure**.....

**Past illness**

Heart/lungs  
Hypertension  
Diabetes

Liver/jaundice  
Kidneys  
Glaucoma

Bleedings  
Psychical disorders  
Operations

**Medicine/Drugs**

Digitalis  
Nitroglycerine  
Steroids  
Alcohol

Aspirine  
Anti -coagulants  
Pain- Killers  
Cigarettes /day

Sleeping drugs  
Tranquilizers  
.....  
Allergy

**Examination/Tests**

Morphology  
Blood group  
Protrombine

Fibrinogen  
Clotting time  
Platelets

Glucose  
Urine  
EKG

Photo 6x9 cm/en face and profile

Diagnosis.....

## Information for the Patient

1. Having a cold, herpes, abscesses, oral infection, ear diseases etc. and menstruation prohibit operation.
2. It is recommended that the patient refrain from cigarette smoking 2-3 months prior to the beginning of surgical treatment I among others there is the danger of skin necrosis.
3. The use of aspirin or anti-coagulants must be abated one week prior to operation.
4. Patients undergoing operations involving local anesthesia must refrain from eating for 4 hours prior to operation, patients undergoing operations involving general anesthesia must refrain from eating for 5 hours prior to operation.
5. Prior to operation it is required that the patient shower, wash hair, remove any cosmetics and Jewelry.
6. After operation it is extremely important that the patient adhere the directions of doctor or nurses. In no case may the patient use medicine/drugs on his own ( ie. pain-killers).
7. The most common complications: allergic reaction, hematomas, wound infection, skin necrosis, asymmetry, facial nerve injury, eye ectropion, abnormal closure of the palpebral slit, hypertrophic ugly scars.
8. Scars remaining after operation are permanent and can not be removed.
9. The portion of the cost of operation must be received two weeks in advance of treatment: remaining amount to be paid the day prior to or day of operation.

I the undersigned, accept treatment for .....

I have been informed in detail of the type, risk and nature of operation as well as about all early and late complications.

At the same time I permit the use of clinical photographs to be show/ in publication or during the medical conferences, symposia etc.

The portion of the cost, the sum of .....may not be

refunded in the event that I do not appear for operation as scheduled the date of operation being ..... 200..

*Address and Date*

*Patients' signatures*