

ABDOMINOPLASTY DATA SHEET

DATE OF SURGERY: _____ SURGEON(s): _____

PATIENT NAME: _____
(Last) (First)

PROCEDURE: _____

Argon Cautery: YES _____ NO _____

Liposuction: YES _____ NO _____

Tumescence: YES _____ NO _____

Standard Sol. (1 LR with 50 ml 1% Lidocaine and 1 ml Epinephrine 1:1000): ___# of liters

Other solution: _____

Order of procedure (if more than a simple abdominoplasty):

Patient Position (if other than supine): _____

Support Garments:

Abdominal binder Sizes: _____

Other: _____

Drains (available) and # needed:

JP 7 mm _____

JP 10 mm _____

Please FAX completed form to OR Booking at (631) 351-2696: Attention S. Meyer, RN

Any Questions, please call Susan Meyer, RN @ (631) 547-6390 or beeper: (631)340-0604.
Thank you.