



Plastic Surgery Resident Cosmetic Surgery Quote Sheet

Attending: _____

Patient Name: _____

Resident: _____

MRN: _____

Location: UCMC / Holmes / Pointe

DOB: _____

FACE

____ Face Lift

____ Rhinoplasty

____ Brow Lift

____ Blepharoplasty (Upper / Lower)

____ Genioplasty (Osteotomy / Implant)

____ Otoplasty

Implant(s): _____

BREAST

____ Breast Augmentation

____ Implant Replacement

____ Implant Removal

____ Breast Lift (Mastopexy)

____ Masto/Aug

Gel Implants (pair): _____

Saline Implants (pair): _____

BODY

____ Abdominoplasty

____ Body Lift

____ Liposuction

____ Thigh Lift

____ Brachioplasty

Garment(s): _____

IN-OFFICE PROCEDURES

____ Removal of Skin Lesion

____ Scar Revision

____ Ear Lobe Repair

____ Other: _____

Surgeon Fee + Consultation Fee		+ 50.00
Number of Days in Hospital	____ days	
Anesthesia	____ hrs	
Facility Fee		
Implant/Garments		
CosmetAssure (insurance)		
Total Estimate:		\$

Pre-operative history and physical exam as well as follow up visits for up to one year are included in the Surgeon Fee. UC Health and Anesthesia Fees subject to change. If the procedure requires more than the scheduled time, the patient may be responsible for additional fees