

AMOR PROPIO

AESTHETIC SURGERY

OUT OF TOWN POLICY

Traveling internationally for plastic surgery is collectively known as “medical tourism” and when traveling within the continental United States, is considered “medical MICRO-tourism.” Traveling for plastic surgery entails very specific risks and considerations that you must be aware of.

_____ I understand that I must stay locally in the DFW area for at least 10 days following surgery to allow for appropriate monitoring and first-week follow up

_____ I understand that lodging during this time will be at my own expense and that I am solely responsible for securing a location/facility that meets my needs (recovery house, hotel, Airbnb, etc). *AP Aesthetics* does not endorse, screen for suitability, or affiliate with any lodging firms.

_____ I also understand that during this 10-day period, I will require a caretaker who is responsible, reliable, 18 years or older, and whom will provide me transportation as needed.

_____ I agree that I will not partake in air travel or prolonged car rides until 10 days after surgery to minimize the risk of deep vein thrombosis (DVT – aka blood clot) development in my legs or lungs. I also agree that after this period, I will engage in aggressive DVT prevention as prescribed by my surgeon to include blood thinning medication, hourly walking, compression stockings, or sequential compression devices

_____ I understand that major and minor complications can occur after I have left the DFW area. If this happens, I may be required to return to DFW for treatment at my own expense. Alternatively, I may seek treatment locally by another plastic surgeon, but this would also be at my own expense. In the instance of an emergent complication, I will seek treatment immediately at an ER close to me, again at my own expense.

_____ I understand that some activities such as (but not limited to) drain removal, stitch removal, etc may be required after I leave the DFW area. If a friend, family member, or caretaker is unable to perform these duties, I may be required to seek out a medical professional to do so at my own expense.

_____ I understand that if a complication arises that requires me to stay in the DFW area for longer than 10-days for treatment or monitoring, that I will be solely responsible for securing this lodging and this will be at my own expense.

_____ I agree to submit high-resolution full-body or face photos, against a blank background, and in good lighting at routine intervals specified by the surgeon for appropriate assessment and follow up of my healing and final results.

PATIENT SIGNATURE

DATE