

# Plastic Surgery Consent & Checklist

## Patient Information

Patient Name

Date of Birth

Procedure

Surgery Date

Surgeon

## Pre-Operative Checklist

- ☐ Fasted as instructed
- ☐ All medications reviewed
- ☐ Allergies checked
- ☐ Consent form signed
- ☐ Surgical site marked
- ☐ Valuables removed
- ☐ Pregnancy test (if applicable)

## Consent Statement

Patient Signature

Date

Witness Signature

Date

Surgeon Signature

Date