

Gonce Cosmetic Surgery Center

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PRE-OPERATIVE INFORMATION

~~To ensure your utmost safety it is extremely important to obey the following instructions~~

Your surgery is scheduled for: _____ at _____ am/pm.
Please arrive to **OUR OFFICE** at least 30 MINUTES prior to the surgery time.

1. **DO NOT EAT** or **DRINK ANYTHING** after **MIDNIGHT** the night before surgery. Also, **DO NOT** smoke or chew gum before your surgery. If you eat or drink your surgery will be rescheduled for your safety.
2. If you are currently on medication, please consult with your doctor about taking those prior to surgery. **NO ASPIRIN, ASPIRIN PRODUCTS, OR IBUPROFEN** are permitted 14 days prior to your surgery without specific instructions from your doctor. You may take Tylenol if needed.
3. Certain vitamins/supplements may be beneficial with healing. Please inform us if you currently take vitamins/supplements.
4. If you wear contacts, please wear your glasses to surgery. Do not wear contacts in surgery.
5. Please **DO NOT** wear make-up or jewelry. This includes all body piercings.
6. Avoid dark nail polish on your fingernails. Artificial nails are okay as long as the polish is light.
7. Please **DO NOT** apply lotion ANYWHERE on your body the day of surgery.
8. You must have someone here to drive you home. Taxi service is not acceptable. Please provide the front desk your chaperone's phone number in case he/she leaves the building.
9. Dress comfortably in something easy to get on and off. Pajamas or warm-ups in dark colors are preferred. Please wear a shirt that buttons or zips in the front. If you are having breast surgery, you may wear pants during the procedure. Monitors are placed on the lower legs, so please **DO NOT** wear tight pants or jeans.
10. **PLEASE BRING YOUR POST-OPERATIVE GARMENT or BRA WITH YOU THE DAY OF SURGERY.**
Refer to the "What I Need for Surgery" form for details on what type to get and where to purchase. If you have any questions, please do not hesitate to ask.

Your total payment for surgery is due by _____ (one week in advance).

A deposit of **\$500.00** is due by _____. This is refundable only if surgery is canceled at least seven days in advance, no exceptions.

Total amount due: \$ _____ * (cashiers check, cash, money order).

This price is a cash or cash equivalent discount. Financing or processing of a credit/debit card is NOT the same as cash or cash equivalent pricing.

We apologize, but we DO NOT accept personal checks, Discover Card, or AMEX.

I, _____, understand and accept the terms and agree to pay the above said fees prior to surgery.