



Donald R. Revis, Jr., MD, FACS
Double Board Certified Plastic Surgeon



Greetings!

This letter should answer many of the frequently asked questions you may have when considering traveling for surgery with Dr. Revis. Our out of town patients are near and dear to our hearts, and we understand the emotions, fears, and questions regarding scheduling surgery with a doctor whom you've never met.

Dr. Revis is very flexible and used to accommodating our out of town patients. About half of our patients live outside of South Florida and complete their pre- and post-op appointments as well as their surgeries in one trip. Of course, we appreciate when patients follow up with us if they return to Florida for a vacation. Once you are home, we ask you to email Dr. Revis pictures so he can monitor your recovery - generally at one week, three weeks and three months following surgery.

This packet contains useful information for your upcoming surgery. First, is a list of the most commonly asked questions we receive and their answers. Next, is a list of medications we require you to avoid for two weeks before and after surgery. After that, are personal information and health history forms that we need in order to schedule your office appointments and surgery with the hospital. Please fill out the forms and either fax them back to us at (954) 630-2094, or scan them and email them to us at AskAlexa@hotmail.com. Last, is a copy of our privacy practices; the last page of which also needs to be signed and returned to our office.

Please feel free to call or email us at any time. Our office is open from 9 am – 5 pm EST Monday through Friday. We do our best to return all emails within two business days. Please be advised that on Tuesdays and Thursdays Dr. Revis sees patients for the majority of the day. If you call on a Tuesday or Thursday, please feel free to leave a message on our voice mail, and we will be sure to call you before we leave for the day.

We are really looking forward to working with you. It is truly a pleasure to meet and get to know patients from all over the world.

Sincerely,

Suzanne Afshar, RN, BSN
Office Manager for Don Revis, Jr., MD, FACS

www.SouthFloridaPlasticSurgery.com
4200 North Federal Highway • Ft. Lauderdale, FL 33308
(954) 630-2009

When does Dr. Revis perform surgery, and when are the in-office appointments? The procedure you are interested in determines how long you need to remain in town. Many procedures require as little as three to four days in town. Our out of town patients generally follow two popular surgery schedules: pre-op and consultation on Tuesday, surgery on Wednesday, postop on Thursday, and fly home Thursday afternoon or Friday; or pre-op and consultation on Thursday, surgery on Friday, post-op on Tuesday, and fly home Tuesday afternoon or Wednesday. Dr. Revis is in the office on Tuesdays and Thursdays; therefore, these are the only two days we can generally accommodate post-op appointments. Dr. Revis operates on Mondays, Wednesdays, and Fridays; if you are considering making a longer trip, you may have your pre-op and consultation on Thursday, surgery on Monday, post-op on Tuesday, and fly home Tuesday afternoon or Wednesday.

How do I pay for surgery?

In order to secure a surgery date, we require a 25% non-refundable. The remaining balance is split up between our office, the hospital, and the anesthesia company. You can make your payments with a credit card, personal check (as long as it is received at least 15 days prior to surgery), cashier's check, or wire transfer. Please be advised that most banks charge fees for wire transfers, and you will be responsible for such administrative fees. Checks should be made out to "Don Revis MD" and mailed to our office: 4200 North Federal Highway, Fort Lauderdale, FL 33308. If you would like to wire the funds to us, we will send you our banking information. We also accept financing through CareCredit and Alphaeon. If you finance your surgery, we require a deposit of \$1000. The hospital and anesthesia company do not accept financing; however, they accept credit card payments over the phone. Your total, minus the \$1000 deposit and the hospital/anesthesia fees is the maximum you can finance.

Will I have any pre-operative requirements?

You will be required to have bloodwork completed at least two weeks before surgery, but no more than 30 days before surgery. Our anesthesiologists may also require a mammogram, EKG, Chest XRay, and/or medical clearance based on your age and health history. Our patient coordinator will email you the relevant requisitions 1 month prior to your surgery date, unless you request them sooner.

What happens at the pre-op and consultation?

During the pre-op and consultation, you will start by filling out paperwork. You will sign consent forms as well as pre-op and post-op instructions. We will make copies of your paperwork for you to have.

Then you will come into the Patient Coordinator's office; she will give you your prescriptions and explain how Dr. Revis has prescribed them. He typically prescribes an antibiotic, an anti-nausea medication, a muscle relaxer, and a narcotic for pain. We will walk you through your perioperative instructions and what will happen on the day of surgery. We will answer any remaining questions you have.

Next, you will go into an exam room where we will take pre-op photos of you. Then Dr. Revis will come in and examine you. He will take measurements and explain the procedure(s) to you, and he will answer all of your questions until you feel comfortable and ready for surgery.

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Where will my surgery take place?

Dr. Revis operates on Monday, Wednesday and Friday at Imperial Point Medical Center ASC (IPMC ASC) and Holy Cross Health Plex (HCHP). Both are hospital owned outpatient surgery centers with board-certified M.D. anesthesiologists. The staff at both locations are very accustomed to Dr. Revis' cosmetic patients, and they are very warm and friendly. This is where Dr. Revis and his family receive their medical care. We truly feel that these are the best surgery centers in our region. The address to IPMC ASC is 6333 N Federal Hwy Suite 100, Fort Lauderdale, FL 33308. The address to HCHP is 1000 NE 56th St, Fort Lauderdale, FL 33334.

Can I travel alone for surgery?

We highly recommend you have a companion traveling with you. You will have a more comfortable experience if you have someone to help you during your recovery. However, we understand that some patients are not able to have anyone travel with them. Please notify us early during your planning if you will be traveling alone. The hospital will **not** allow you to drive yourself back to your hotel or leave in a taxi/uber. If you are unable to bring a companion with you, a nurse will pick you up from the hospital, drive you to your hotel, help you up to your hotel room, and set up your medication schedule for you; this adds \$150 to your surgical costs and can be paid in cash at your pre-op appointment or directly to the nurse.

What hotels do you recommend?

We recommend Hampton Inn in Pompano Beach or Marriott Courtyard on Commercial Street in Fort Lauderdale. The Hyatt Place or Hyatt Centric are 2 hotels closer to downtown Fort Lauderdale, and about 20-30 minutes to our office and the surgical center. Additional hotel recommendations can be found by going to the homepage of our website www.SouthFloridaPlasticSurgery.com and clicking on "Out Of Town Patients." This page lists our rates at the Hyatt properties as well as booking information; it also lists other hotels we recommend and each hotel's distance to our office and the hospital.

Will stitches need to be taken out after I'm home?

For breast augmentations, liposuction, and the vast majority of our breast augmentation revisions, Dr. Revis uses absorbable sutures which do not need to be removed. The majority of breast lifts Dr. Revis performs also only require absorbable sutures. Some procedures require drains, but Dr. Revis will let you know in your consultation if this is the case. Usually the drains will remain in place for 3-5 days, meaning you need to stay in town that long as well.

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Medical Information List

If you develop a cold, fever, rash, or "any" medical problem close to your surgery date, it is important for you to notify our office immediately.

Do not take any medication that contains aspirin for 2 weeks prior to the scheduled date of your surgery. Aspirin affects your blood's ability to clot and could increase your tendency to bleed at the time of surgery and during the postoperative period. Please check the labels of medications that you take (even those available without prescription) to ensure that you do not take aspirin.

If you need minor pain medication, please take Tylenol. Tylenol is available at your pharmacy without a prescription and has an action very similar to that of aspirin. If you are allergic to Tylenol or unable to take it for some other reason, please notify us so that we might arrange for a suitable substitute.

Please notify the physician if you are taking any vitamins, herbal medications, or natural supplements since these can also cause problems during surgery and should not be taken for 2 weeks prior to surgery.

The following drugs contain aspirin and/or have undesirable side effects that may affect your surgery (abnormal bleeding and bruising). These drugs should be avoided for at least 2 weeks prior to surgery. If you need to take something for relief of minor pain, you may take Tylenol.

A.P.C.	Bufferin (all	Flagyl		Off/Sinutab
A.S.A	formulas)	Fish Oil	Nalfon	SK-65 compound
A.S.A. Erseals	Buffets II	Four Way cold	Naprosyn	St. Joseph's cold
Advil	Buffinol	tablets	Naproxen	tablets
Aleve	Butazolidin	Gemnisin	Nardil	St. John's wort (all
Alka-Seltzer	Cama arthritis	Ginseng (all	Nicobid	types/brands)
Alka-Seltzer Plus	pain reliever	types/brands)	Nicorette gum	Sulindac
Anacin	Carisoprodol	Gelpirin	Nicotine patch	Synalgos
Anaprox	Clinoril	Goody's	Norgesic	Tagmet
Ansaid	Congespirin	headache	Norgesic Forte	Talwin compound
Argesic-SA	Chewable	powders	Nuprin	Tenuate Dospan
Arthritis Pain	Cope tablets	Ibuprofen	Orudis	Tolectin
Formula	Damason P	Indocin	Pabalate-SF	Tolmetin
Arthritis Strength	Darvon (all	Indomethacin	Pamelor	Toradol
Bufferin	compounds)	Lanorinal	Pamate	Triaminicin
Arthropan liquid	Disalcid	Lioresal	Pepto-Bismol (all	Trigesic
Ascriptin (all	Dolobid	Magan	types)	Trilisate
types/brands)	Dolpm	Magsal	Percodan	tablets/liquid
Asperbuf	Easprin	Mamal	Persantine	Uracel
Aspergum	Ecotrin	Marplan	Phentemine	Vanquish
Aspirin (all brands)	Empirin with	Medomen	Phenylbutazone	Verin
Atromid	codeine	Methocarbamol	Ponstel	Vitamin E (more
Axotal	Endep	with aspirin	Propoxyphene	than 600 units
B.C. tablets &	Equagesic tablets	Micrainin	compound	daily)
powder	Etrafon	Midol	Robaxial	Vitamin C (more
Backache Formula	Excedrin	Mobidin	Rufen	than 1000 mg
Bayer children's	Feldene	Mobigesic	S-A-C	daily)
cold tablets	Florinal	Momentum	Saletto	Voltaren
Buf-Tabs		Muscular	Salocol	ZORpr
Buff-A Comp		Motrin	Sine-Aid/Sine-	

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Personal Information

Legal Last Name _____ Legal First Name _____ Middle Initial _____
Preferred Name _____
Address _____
City _____ State _____ Zip Code _____
Home Telephone _____ Cell Phone _____
Employer _____ Occupation _____

Email Address _____

Birth Date _____ Age _____ Male/Female _____ Last 4 of SSN _____

Marital Status - Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Name of Spouse (if applicable) _____

Person to notify in the event of an emergency _____

Relationship _____ Telephone _____

*Can we release medical information to your emergency contact? _____

I am interested in discussing the following with Dr. Revis:

I was referred to Dr. Revis by _____

I understand that payment for services are due at the time such services are rendered. By signing this document, I agree to pay for services at the time they are rendered.

Signed: _____ Date: _____

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Medical History

Have you ever had:

Diabetes _____	High Blood Pressure _____	Atherosclerosis _____
Heart Attack _____	Cancer _____	Heart Murmur _____
Chest Pain _____	Shortness of Breath _____	Fainting Spells _____
Alcoholism _____	Anemia _____	HIV+/AIDS _____
Anorexia _____	Arthritis _____	Asthma _____
Bronchitis _____	Dryness of the Eyes _____	Emphysema _____
Glaucoma _____	Chemical Dependency _____	Goiter _____
Hernia _____	Angina _____	Hepatitis _____
Pneumonia _____	Facial Paralysis _____	Pacemaker _____
Stroke _____	Kidney Disease _____	Tuberculosis _____
Ulcers _____	Liver Disease _____	Cold Sores _____
Bulimia _____	Psychiatric Care _____	Varicose Veins _____
Jaundice _____	Suicide Attempt _____	Syphilis _____

Other _____

Prior Surgery and Dates: _____

Have you experienced complications following surgery? _____

Have you seen another physician regarding the present issue? ___ How many? _____

Are you presently under the care of another physician?

Doctor _____ Reason _____

Doctor _____ Reason _____

Have you ever received psychiatric care? _____

Do you have any drug allergies? _____ **If yes, please list:**

Drug _____ Reaction _____ Date _____

Drug _____ Reaction _____ Date _____

Are you currently taking any medications? _____ **If yes, please list:**

Drug _____ Dosage _____

Drug _____ Dosage _____

Are you taking any herbal products? _____

Bleeding Problems:

Do you regularly take aspirin? _____ Why? _____

Do you have prolonged bleeding when cut? _____

Do you bruise easily? _____

Have you ever had a blood transfusion? _____ Why? _____

Have you ever had a reaction to a blood transfusion? _____

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Name of your personal physician _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____

Date of last physical examination _____ Normal? _____

When was your last mammogram (if applicable)? _____
What was the result? _____

Are you pregnant? _____

Do you have any family history of disease? (Please list relation and type of illness) _____

Do you use tobacco? _____ If so, in what form? _____
How often? _____

Do you drink alcohol? _____ If so, in what form? _____
How often? _____

Do you use any illicit drugs? _____ If so, what kind(s)? _____
How often? _____

How tall are you? _____ What is your present weight? _____
Has your weight changed significantly in the past six months? _____

The above information is true and complete to the best of my knowledge. I have not withheld any information requested on this form.

Signed: _____ Date: _____

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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: April 14, 2005

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. However, we reserve the right not to agree to the requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. A reasonable copying charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - is not part of your medical or billing records;
 - is not available for inspection as set forth above; or
 - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
 - to carry out treatment, payment and health care operations as provided above;
 - to persons involved in your care or for other notification purposes as provided by law;to correctional institutions or law enforcement officials as provided by law;
 - for national security or intelligence purposes;
 - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
 - incidental to other permissible uses or disclosures;

- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
 - made to patient or their personal representatives;
 - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

<p>Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.</p> <p>Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.</p> <p>Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.</p> <p>Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.</p> <p>Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you</p> <p>Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.</p> <p>Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.</p> <p>Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they</p>	<p>Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.</p> <p>Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.</p> <p>Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.</p> <p>Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.</p> <p>Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.</p> <p>Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.</p> <p>Fund raising: Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.</p> <p>Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.</p> <p>Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.</p>
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can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site. Your health information will not be used or disclosed without your written authorization, except as described in this notice. Except as noted above, you may revoke your authorization in writing at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Suzanne Afshar at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Donald R. Revis, Jr., MD, PA, or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

Donald R. Revis, Jr., MD, FACS
Board Certified by the American Board of Plastic Surgery

I hereby acknowledge that I have NOTICE OF PRIVACY PRACTICES AVAILABILITY

U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Donald R. Revis, Jr., MD, PA
Suzanne Afshar
Privacy Officer
4200 N. Federal Hwy
Ft. Lauderdale, FL 33308
(954) 630-2009
Fax (954) 630-2094

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

Donald R. Revis, Jr., MD, PA

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name:

(Print)

Patient ID #

(SSN): _____

received a copy of Donald R. Revis, Jr., MD, PA's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative (if applicable)

Relationship to Patient (if applicable)

- Parent or guardian of unemancipated minor
- Court appointed guardian
- Executor or administrator of decedent's estate
- Power of Attorney