

**PRACTICE INFORMATION**

Address

Practice / Name

Website URL  Suite #  City

Phone  Fax  E-Mail  State  Zip Code

**BREAST ASYMMETRY CORRECTION  
SURGERY**

1. What problems cause for breast asymmetry correction surgery?

2. How often do you perform this type of breast revision procedure?

3. Are you board certified? If so, by which board(s)?

4. How is the procedure performed?

5. What are the typical results achieved by this procedure?



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12. Is there any downtime associated with this procedure?

13. Is this considered an outpatient or inpatient procedure?

14. Will I require special aftercare?

15. May I see before and after photos of your breast asymmetry correction surgery patients?

16. How long will it be before I return to my regular activities, including exercise?