

## PRACTICE INFORMATION

Address

Practice / Name

Website URL  Suite #  City

Phone  Fax  E-Mail  State  Zip Code

## BREAST RECONSTRUCTION

1. Will breast reconstruction provide me with natural-looking results?
2. How often do you perform this procedure?
3. Are you board certified? If so, by which board(s)?
4. Does this procedure involve the use of saline or silicone gel breast implants?
5. What are the potential risks and complications?

## BREAST RECONSTRUCTION

6. Where will my procedure be performed?

7. Does insurance cover breast reconstruction surgery?

8. What type of anesthesia will I be given?

9. How long does breast reconstruction surgery take?

10. Is scarring prevalent?

11. Is there any downtime associated with breast reconstruction surgery?

BREAST RECONSTRUCTION

12. Is this considered an outpatient or inpatient procedure?

13. Will I require special aftercare?

14. May I see before and after photos of your breast reconstruction patients?

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