

PRACTICE INFORMATION

Address

Practice / Name

Website URL Suite # City

Phone Fax E-Mail State Zip Code

NOSE SURGERY

1. How many nose surgery procedures have you performed ?
.....

2. Are you board certified? If so, by which boards ?
.....

3. Do you think my goals with rhinoplasty are realistic and attainable ?
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4. What are the potential risks and complications ?
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5. How will the aging process (i.e., the shape of my nose changing) affect my results ?
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6. If I elect nose surgery based on a functional breathing problem, do I qualify for health coverage ?
.....

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7. Based on my goals and/or problem, do I require “open” or “closed” rhinoplasty ?

8. How long will nasal packing have to stay inside my nose following surgery ?

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

10. Will I have to wear a plaster cast on my nose? If so, for how long ?

11. What type of anesthesia do most nose surgery patients prefer ?

12. May I see the before and after pictures of your previous patients who have had a nose surgery procedure similar to mine ?

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13. What if I am unhappy with my results? How would I know if I need rhinoplasty revision surgery ?

14. Where will my surgery be performed ?

15. Is this considered an outpatient or inpatient procedure ?

16. Will I require special aftercare ?