ERNEST B. ROBINSON, M.D., PC
A PROFESSIONAL CORPORATION

❑Yes ❑No Do you have any other medical problems that have not been covered?
If so, please explain:_____

_____

_____

❑Yes ❑No Do you realize every operation is followed by a period of healing before the tissue returns to normal and a final result is apparent?

❑Yes ❑No Do you understand that the objective of any cosmetic surgery is **improvement in appearance, not perfection?**

CONFIDENTIAL RECORD: Information contained here **will not be released except when you have authorized us to do so.** Please answer all questions to the best of your knowledge. The information provided by you will be used by your doctor in making decisions regarding your care.

The information you have provided us is essential on our comprehensive evaluation in your case. Please write down any questions you have so that we may discuss them in detail during our consultation period.

Signed:_____ Date:_____/_____/_____