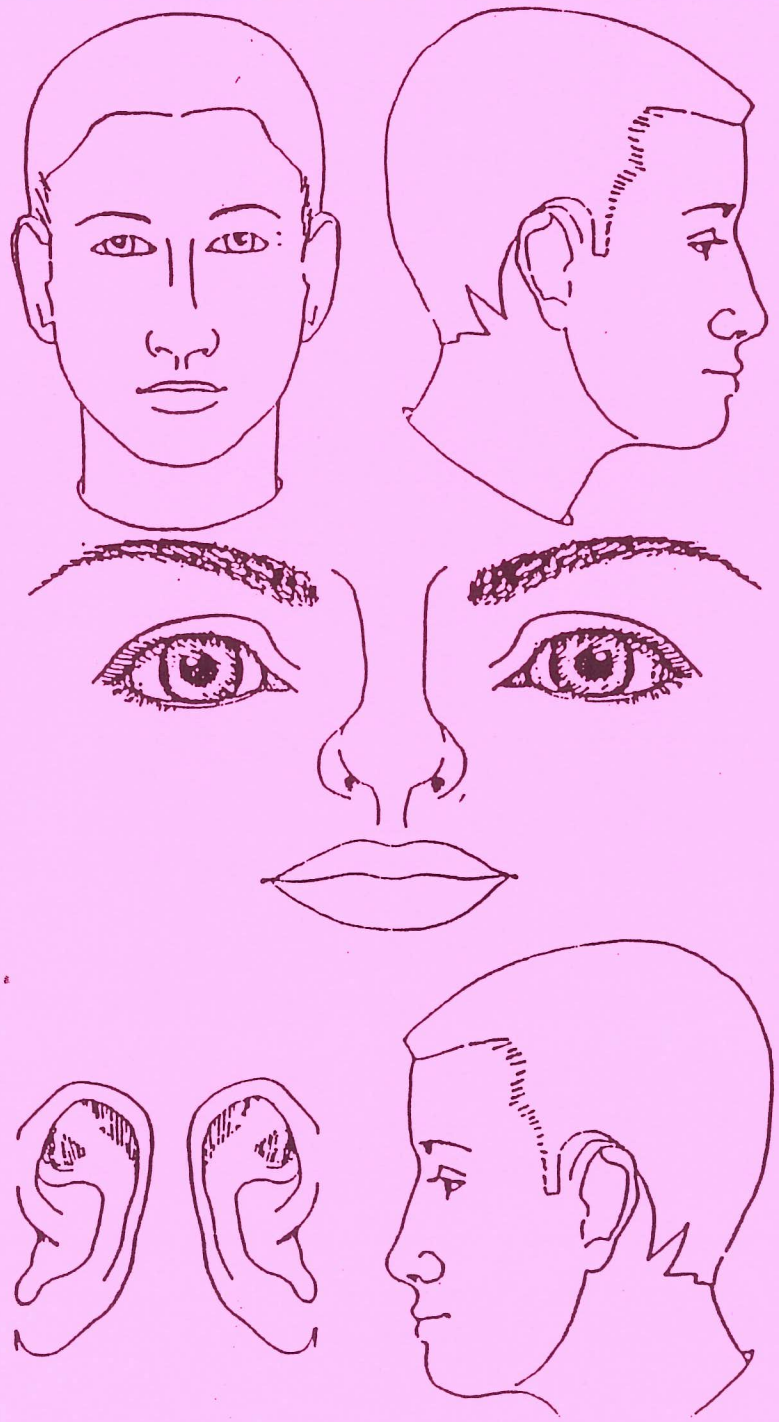
ROB ON FACIAL PLASTIC SURGERY
24541 PACIFIC PARK DRIVE, SUITE #205
ALISO VIEJO, CA 92656

Date_____ Patient's Name _____ Age _____ M ___ F ___

HX & C.C.	Consult Book, Nose woes, Revision Rhinoplasty Letter AAFPRS Brochure
	Procedure(s), Alt., Risks, Limitation Discussed
FAMILY HX	List of risks sheets given _____ Signed_____
Note Dictated ____	Video Imaging _____ Predetermination Letter Dictated _____ Photo: Prints _____ Slides_____



DATE	PROGRESS NOTES