

Patient Registration Packet

Dr. Michael Reed

4627 Fermi Place Suite 110 Davis, CA 95618

Phone: (530) 753-2787

Email: contact@drmichaelreed.com

Dear Friend,

My staff tells me you have scheduled a consultation to speak with me. I look forward to talking with you and discussing your desires regarding plastic surgery.

Below you will find your registration forms and medical history questionnaire which I request that you complete and send back prior to/bring in with you to your appointment. You may wish to write down questions you have so that we may address them in our consultation. When we speak we will have the opportunity to get to know one another and I will give you my honest professional advice about how to best achieve your plastic surgery goals. I want to provide you with the information you need to make the proper decision for yourself.

IF YOU CURRENTLY TAKE ANTI-INFLAMMATORY PRODUCTS OR MEDICATIONS, SUCH AS ADVIL OR ASPIRIN AND YOU PLAN ON HAVING SURGERY RIGHT AWAY, YOU WILL NEED TO STOP TAKING THEM AT LEAST TWO WEEKS PRIOR TO SURGERY. ADDITIONALLY, IF YOU ARE A SMOKER, YOU WILL NEED TO STOP SMOKING AT LEAST THREE WEEKS PRIOR TO SURGERY.

My staff and I look forward to and thank you for the opportunity to work with you and assist you in achieving your goals.

Sincerely,

Michael Reed, MD



Dr. Michael Reed