

Patient Registration Packet
Dr. Michael Reed
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Dear Friend,

I've been informed by my staff that you have scheduled a consultation to discuss your desires regarding plastic surgery. I am eagerly anticipating our conversation and the opportunity to understand your aspirations better. To ensure our time together is productive, I kindly request that you complete the attached registration forms and medical history questionnaire. Please send them back to us before your appointment or bring them along on the day of your visit. Additionally, it might be helpful for you to jot down any questions you may have so that we can address them comprehensively during our consultation.

During our discussion, we will not only become acquainted but also engage in an open and honest dialogue. I am committed to providing you with my professional expertise and sincere advice on how to best achieve your plastic surgery goals. My objective is to equip you with the information you need to make an informed decision that aligns with your needs and desires.

IMPORTANT: If you currently take anti-inflammatory products or medications such as Advil or aspirin and have plans for immediate surgery, it is crucial that you discontinue their use at least two weeks prior to your procedure. Additionally, if you are a smoker, I kindly request that you cease smoking for a minimum of three weeks before your scheduled surgery.

Both my staff and I are eagerly looking forward to working with you and helping you achieve your goals. We appreciate the opportunity to be a part of your journey.

Sincerely,

Michael Reed, MD

 Dr. Michael Reed