



5500 Dr MLK Jr St North ♦ St Petersburg FL 33703  
Phone: 727-525-5500

## Liposuction Patient Checklist

I have read and understand the following information provided to me by Simply Lipo LLC., and verify this by placing my initials by the following:

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

\_\_\_\_\_ **1.) Liposuction only by Vaser informed consent form**

\_\_\_\_\_ **2.) Financial Consent & Responsibilities Sheet**

\_\_\_\_\_ **3.) Pre-operative Instruction Form**

\_\_\_\_\_ **4.) Medication Precaution for Liposuction**

\_\_\_\_\_ **5.) Post-operative Instruction Form**

\_\_\_\_\_ **6.) Blood work collected on \_\_\_\_\_ received on \_\_\_\_\_**

\_\_\_\_\_ **7.) Garment ordered on \_\_\_\_\_ received on \_\_\_\_\_**

\_\_\_\_\_ **8.) Scripts called in**

\_\_\_\_\_ **9.) Measurements taken on \_\_\_\_\_**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

