



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

Liposuction Surgery Charge Sheet

Patient Name: _____ Age: _____

Date of Birth: ___/___/_____ Height: _____ Weight: _____ lbs

Date of Surgery (Schedule): ___/___/_____

Type of Surgery: Vaser Smartlipo Touch-Up

Areas / Procedures to be done (circle all that apply):

Jowls Chin Neck Arms Upper Back Mid Back Lower Back Waist
Hips Upper Abdomen Lower Abdomen Breast Love Handles Buttocks
Presacral Fat Pad Inner Thighs Anterior Thighs Posterior Thighs
Saddle Bags Knees Lower Legs Banana Rolls Axillary Fat Pads (Anterior Posterior)

Cost per area: \$3,500.00 - \$6,000.00 (If you are more than **40lbs** over your ideal body weight, an additional charge will be incurred). *Minimum total charge is \$3,500.00.*

Number of sessions (circle one): 1 2 3 4

Total charge to patient: \$_____.00. This charge covers neither the number of sessions listed above, nor supplies for touch-ups. The costs for touch-ups range from \$500.00-\$2,000.00. Also, the charge *does not include* the \$90.00 - \$175.00 per garment that must be worn for 4 - 5 weeks.

I have read and fully understand the contents of this charge sheet. I further understand that I must pay all charges in full 2 weeks prior to surgery unless other arrangements have been made.

Patient Signature _____ **Date** _____

Fadi Saba, M.D _____ **Date** _____