



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

POST-OPERATIVE FOLLOW UP

PATIENT: _____ DATE: _____
DOB: _____ P.O.D: _____

HEIGHT: _____ WEIGHT: _____ BP: _____ HR: _____ RR: _____

SUBJECTIVE: _____
____ DRAINAGE ____ BRUISING ____ SWELLING ____ FLUID COLLECTION
____ DISCOMFORT (describe) _____

AREA EXAMINED FOR PROCEDURE: ____ NECK/JOWLS ____ CHEST ____ ARMS ____ ABDOMEN
____ UPPER FLANKS ____ LOWER FLANKS ____ HIPS ____ OUTER THIGHS ____ INNER THIGHS
____ KNEES

FINDINGS: PLEASE DESCRIBE SEVERITY AND AMOUNT
____ DRAINAGE: _____
____ BRUISING: _____
____ SWELLING: _____
____ SKIN IRREGULARITY (WHERE): _____
____ AREA EXAMINED SHOWS NO BRUISING, SWELLING OR FLUID COLLECTION.

PICTURES TAKEN ____ YES ____ NO
ASSESSMENT(S): 1. _____ 2. _____
3. _____ 4. _____ 5. _____

PLAN: ____ MASSAGE 2X DAILY ____ ICE PACKS (10 - 15 MIN ____x DAILY) ____ WARM MOIST HEAT (10
MIN ____x DAILY) ____ ENDERMOLOGIE (____x WEEK) ____ TITAN(____x WEEK) ____ GENESIS(____x
WEEK) ____ OTHER: _____

NEXT FOLLOW-UP VISIT: _____

MEDICAL STAFF SIGNATURE

Fadi Saba, MD

