

Breast Augmentation Consultation Checklist

Appointment Date/Time: _____

Physicians Name: _____

Physicians Address: _____

Telephone Number: _____

My current band & cup size: _____

Expected band & cup size: _____

Next Appointment Date/Time: _____

ABOUT MY PLASTIC SURGEON

- What are your credentials? (Are you board certified by the American Board of Plastic Surgery?)
- How long have you been practicing plastic surgery?
- How long have you been doing BA's and how many have you done?
- May I have references from past clients?
- May I see before & after photos?

ABOUT THE BREAST IMPLANTS

- Can you explain the differences between saline & silicone?
- How do you determine what size implant is right for me?
- What type & shape implant would you use for me?
- How will the surgery affect my nipples?
- Can you achieve my desired result?

ABOUT THE SURGERY

- What incision approach do you recommend?
- Should I have my implants over or under the muscle?
- What risks or complications should I be aware of?
- How long after the surgery before I can work, exercise, etc?
- Where do you perform the surgery?

MORE IMPORTANT QUESTIONS

- Will I be able to breastfeed in the future?
- What is the total cost of the procedure including anesthesia, surgical facility, etc.?
- What are your policies regarding revisions if I am not satisfied with my result?
- What warranty coverage will I have with the implant model you recommended?
- How soon can we do the surgery?

MY SURGEON RECOMMENDS:

Implant Model: _____

Implant Size: _____

Implant Shape: _____

Implant Profile: _____

Implant Texture: _____

Implant Placement: _____

Incision Location: _____