



Plastic Surgery & Dermatology Associates (PSDA)

Cosmetic Patient Information for Dr. Jim Lowe's Practice

Dr. Lowe is committed to providing all his cosmetic and general plastic surgery patients with the highest level of care and satisfaction. This document is designed to provide the necessary information for you to make informed decisions regarding your future care.

Practice Goals:

1. To provide patients with high-quality and safe care.
2. To allow patients to make an informed decision regarding the potential risks and benefits of each procedure, within the confines of realistic expectations.

Benefits

1. Dr. Lowe is committed to providing excellent, innovative care to all patients.
2. Patient satisfaction is Dr. Lowe and his staff's highest concern. They are dedicated to providing every patient with a pleasant experience, beginning with the first visit and continuing on through cosmetic surgery and postoperative care.
3. Dr. Lowe always tries his best to take a conservative approach to patient care.
4. We believe that our prices quoted for cosmetic procedures are highly competitive, but we always encourage patients to compare the quotes with those of other plastic surgeons in the community.
5. Dr. Lowe can perform your case at several different hospitals in the community. He operates only at facilities with excellent staff who share his philosophy and commitment.
6. We encourage patients to make informed decisions regarding the potential risks and benefits of each procedure within the confines of realistic expectations.

Answers to FAQs

1. Emergencies may necessitate a change in the schedule, but the surgeon will make every effort to accommodate your schedule.
2. All surgery carries some associated risks and complications. Educational brochures or videos may help you understand these issues more clearly.
3. Dr. Lowe performs all procedures himself. However, residents and students may observe the case or assist him for educational purposes unless otherwise specified.
4. Dr. Lowe and his staff are committed to being available for all emergencies or questions following surgery. However, if Dr. Lowe is out of town or involved in another case, one of his colleagues or his private nurse may have to assist until he is available.
5. Cosmetic surgical quotes are largely based on estimated length of surgery. Fees may be different for different people because each individual's surgery has particular issues that may make the surgery or procedure more or less complex.

Please Note:

1. Only procedures deemed safe, appropriate, and beneficial for the patient are performed in Dr. Lowe's Cosmetic and General Plastic Surgery practice. There may be times when Dr. Lowe is unable to provide the service requested.
2. **The clinic maintains a strict no smoking policy for the benefit of patients. All elective and cosmetic patients must stop smoking at least eight weeks prior to surgery, and the surgeon may in some instances elect not to perform the surgery at all due to a smoking history.**
3. Surgical dates cannot be guaranteed until Dr. Lowe and the patient have agreed on the specific surgical plan, and the office has set and collected all cosmetic fees, if indicated.
4. Two plastic surgical consultations are often required before surgery is scheduled. The purpose of the second visit is to provide patients with the opportunity to ask questions and clarify expectations.
5. The cosmetic surgery patient's second visit is included in the consultation fee, as long as it is for the same problem and it occurs within six months of the first visit.

6. Confidential preoperative and postoperative photographs are required of all patients. They are used for insurance purposes, to formulate a surgical plan, and to evaluate results.
7. Pre-surgical evaluation, including blood work, EKG, or chest x-ray, and a medical consultation may be required.
8. Dr. Lowe can usually provide you with photographs of patients who have undergone a similar procedure or surgery.

Important Cosmetic Surgery Payment Information:

1. An official surgical quote sheet will be provided at time of pre-payment. This fee is not negotiable, but if an error is noted, please let us know.
2. The surgical quote sheet is an estimate and may be subject to change, particularly if your case is rescheduled at a later date. The hospital reserves the right to increase fees at any time until final payment is made. Some fees may be incurred beyond those included on the sheet.
3. Payment for anesthesia and professional fees are required two weeks in advance of surgery in our office, and services rendered for complications or revisions are not included in the original payment.
4. If you fail to cancel a pre-op consultation 24 hours in advance, a fee may be added to your next scheduled visit.
5. If you fail to cancel your surgery 10 days in advance, without legitimate medical reasons, half of the professional fee may be retained by the office without future credit.

Summary:

Dr. Lowe's primary goal is to provide excellent clinical results along with a high-level of patient care and service. It is important that every cosmetic surgery patient evaluated understands that cosmetic surgery is something you "want" not something you "need." He wants to ensure that all patients understand the risks and potential complications of reconstructive, emergent, and elective surgery. For cosmetic surgery patients, a more aggressive and longer-lasting result may be associated with more post-operative swelling and a longer recovery. Dr. Lowe thinks that each patient's treatment must be individualized for their particular needs.

Dr. Lowe believes that quality patient care is a combination of knowledge, talent, and experience. He continues to strive to educate himself on current techniques and refine his skills. He also believes that plastic surgery is in many ways an art; therefore, different artists choose to approach different problems in different ways. He encourages every patient to seek out different opinions and approaches in order to choose the plastic surgeon who is right for you. Should you choose to have your surgery performed by Dr. Lowe, after having carefully reviewed the above, he and his staff will make every effort to provide you with excellent care.

Please sign and date below to confirm that you read and understand the above information regarding Dr. Lowe's Cosmetic and Reconstructive practice.

Signature

Date