

FOR YOUR CONVENIENCE

To ensure that Dr Lovric can provide the best care possible it is essential to provide all the information possible to make sure your trip is successful both medically and travel wise. In order to maximize your consultation, kindly fill in the proforma provided and fax to +27 21 422 5536

1. GENERAL INFORMATION

Title: _____
First Name: _____
Surname: _____
E-mail Address: _____
Postal Address: _____
Country: _____
Zip/Postal code: _____
Home Telephone number: (+area code) _____
Work Telephone number: (+area code) _____
Mobile number: _____
Fax number: _____
Mobile number: _____
Occupation: _____

2. PERSONAL INFORMATION

Date of Birth: _____
Male/Female: _____
Height: _____
Weight: _____
Hobbies and Interests: _____
Do you smoke? _____
How many? _____
Do you drink? _____
How Much? _____

3. MEDICAL INFORMATION

Personal History of:

Diabetes: _____
Asthma/Lung Disease: _____
High Blood Pressure: _____
Heart Problems: _____
Anaemia: _____

OTHER:

Are you on the Pill/Hormone? _____
Treatment/s? _____
Allergies: _____
Current Medication: _____
General State of Health? _____

4. SURGICAL INFORMATION

Difficulties with General Anaesthetic? _____
Prone to poor scarring / Keloids? _____

Previous Surgery:

What type? _____
When? _____

Non-surgical Procedures: _____

5. OPERATION

What operation are you interested in? _____

Do you have any specific questions or concerns regarding this operation, please specify:

Photos can be a valuable tool for planning your surgery. It is of great aid if you could assist Dr Lovric with either youthful images of yourself or any similar ideas of what you would like to achieve post surgery. Should you have any queries please don't hesitate to contact the practice, we would be glad to be of assistance