



Mobile

Plastic & Reconstructive Surgery
and Dermatology

Christopher A. Park, MD
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Reconstructive Plastic Surgery

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Pre-op Orders

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Surgery Date: _____

Do not eat or drink after midnight the night before. Take routine medications except blood thinners and diabetic medications.

Surgery Time: _____ Arrive 2 hours early.

Procedure: _____

Facility: _____

Facility Address: _____

Facility Phone Number: _____

Duration of Surgery: _____

Length of Stay: _____

Financials

Self-pay

Must be paid prior to surgery.

OR/anesthesia/recovery fees are paid to facility.

Surgeon/Product fees are paid to The Park Clinic

Insurance: Notify prior to admission

Primary: _____

Insurance Phone Number: _____

Policy Number: _____

Secondary: _____

Insurance Phone Number: _____

Policy Number: _____

