
Cosmetic and Reconstructive Surgery

❖ Ophthalmic Plastic Surgery and Laser Center ❖

Welcome to our office!

About your visit

Our office is dedicated to providing outstanding care in Cosmetic and Reconstructive Surgery.

Please complete the registration form that you have received in the mail. These questions familiarize us with your medical history and help us to screen you for possible surgery.

We make every effort to be punctual. **You should allow one hour** for your initial visit, although the actual length of your appointment may vary.

At the time of your visit, please present your registration form and questionnaire to Cindra at the front desk. You will be taken to an examination room, where Keri Jo, our Registered Nurse, will review of your current problem, general medical condition, and vision. Dr. Levin will examine relevant aspects of your eyes and face and discuss treatment with you. With few exceptions, you will not have surgery at the time of your visit.

About Insurance

While we have considerable experience in dealing with insurance companies, we do not know and cannot certify

always help you with insurance details, but you will be responsible for payment for services regardless of the status of your insurance claim.

About HMOs

Some insurance plans now require pre-authorization prior to the office visit. Because there are dozens of differing plans, our office may not be able to determine this for you in advance of your appointment. To prevent embarrassing

confusion, be certain to obtain authorization (when required) from your "gatekeeper" physician before your appointment. Unfortunately, we are unable to see HMO patients without authorization.

A few hints...

- Please complete and remember to bring the registration form and health questionnaire that you received in the mail. These questions help us to understand your problem and screen you for possible surgery.
- Please bring old photographs from your late teens or twenties. Old photographs help Dr. Levin evaluate your eyes and face and help guide any requested surgery.
- Bring a list of all vitamins, medicines, and eyedrops you are using. With rare exceptions, if a procedure or biopsy is recommended, you will be asked to schedule a return appointment.
- Please remove any eye make-up prior to your appointment. If you wear contact lenses, please bring your glasses and a contact lens case.
- If you have a complex problem, bring copies of your medical records, operative reports or special tests including the actual CT or MRI scans.

what professional or operating room services will be covered by your insurance. We are always willing to write or call your insurer describing your condition, the anticipated fees, and other pertinent information. You may wish to check with your insurance carrier about coverage before proceeding with surgery.

To assist patients with insurance programs for which we are a "preferred provider" and Medicare, we will submit the initial claim form. We can

Peter S. Levin, M.D.

525 South Dr., Suite 101

(650) 964-9600

Mountain View, CA 94040

(650) 964-1424 (fax)

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525 South Drive, Suite 101
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Directions to the Office

Hwy 101 coming from the North: *(From San Francisco, San Mateo County and much of the East Bay):*

Take Hwy 101 going South. Stay in the right two lanes and exit to the right onto Hwy 85 (South) which is marked as Hwy 85 (South)/Cupertino/Santa Cruz (Exit 398 B). Go past the Central Expressway exit on Hwy 85 and take the **second** exit which is called North {82} Junction/El Camino Real/Grant Road/Exit 22A. The first light you come to will be El Camino Real. Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 101 coming from the South: *(San Jose, San Jose International Airport, Santa Clara, Monterey)*

Take Hwy 101 going North. Exit at 237 West (Mountain View-Alviso Road) towards Mountain View. Follow this road for 4-5 miles. Cross over El Camino Real. (Past this intersection, the street changes its name to Grant Road.) Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 280 coming from the North: *(San Francisco, SF International Airport, San Mateo County)*

Exit at Magdalena Avenue. Turn left onto Magdalena at the stop sign.

Continue past the lights at Foothill Expressway and Fremont Avenue (Magdalena changes names to Springer Road.) Go past the stop sign at Berry and turn right on Covington Road. Please note this is a *25 MPH zone* that is carefully patrolled and takes you by a school. Turn left when Covington dead ends at Grant Road. Go 0.1 miles and turn left onto South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Hwy 280 coming from the South: *(Santa Cruz, Saratoga, Los Gatos)*

Exit on HWY 85 North (Mtn View), take the first exit which is Fremont Avenue. Turn left at the street light, onto Fremont Avenue for 1.0 miles. Turn right onto Grant Road and continue on Grant Road for 1.0 miles. Turn left on South drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

Special note from the East Bay:

You may take the SF-Oakland Bay Bridge, San Mateo Bridge, or Dumbarton Bridge and follow directions "**Hwy 101 from the North**"

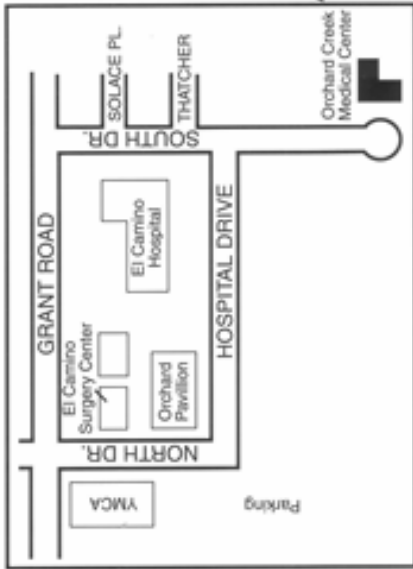
OR

You may take Hwy 880 to Hwy 237 West/Mountain View. Cross over El Camino Real. (Past this intersection, the street changes its name to Grant Road.) Go up Grant Road 5 more street lights (1.0 miles) and turn right on South Drive. Go past El Camino Hospital to the end of South Drive. The Orchard Creek Medical Center is the last building on the left. Our office is on the ground level.

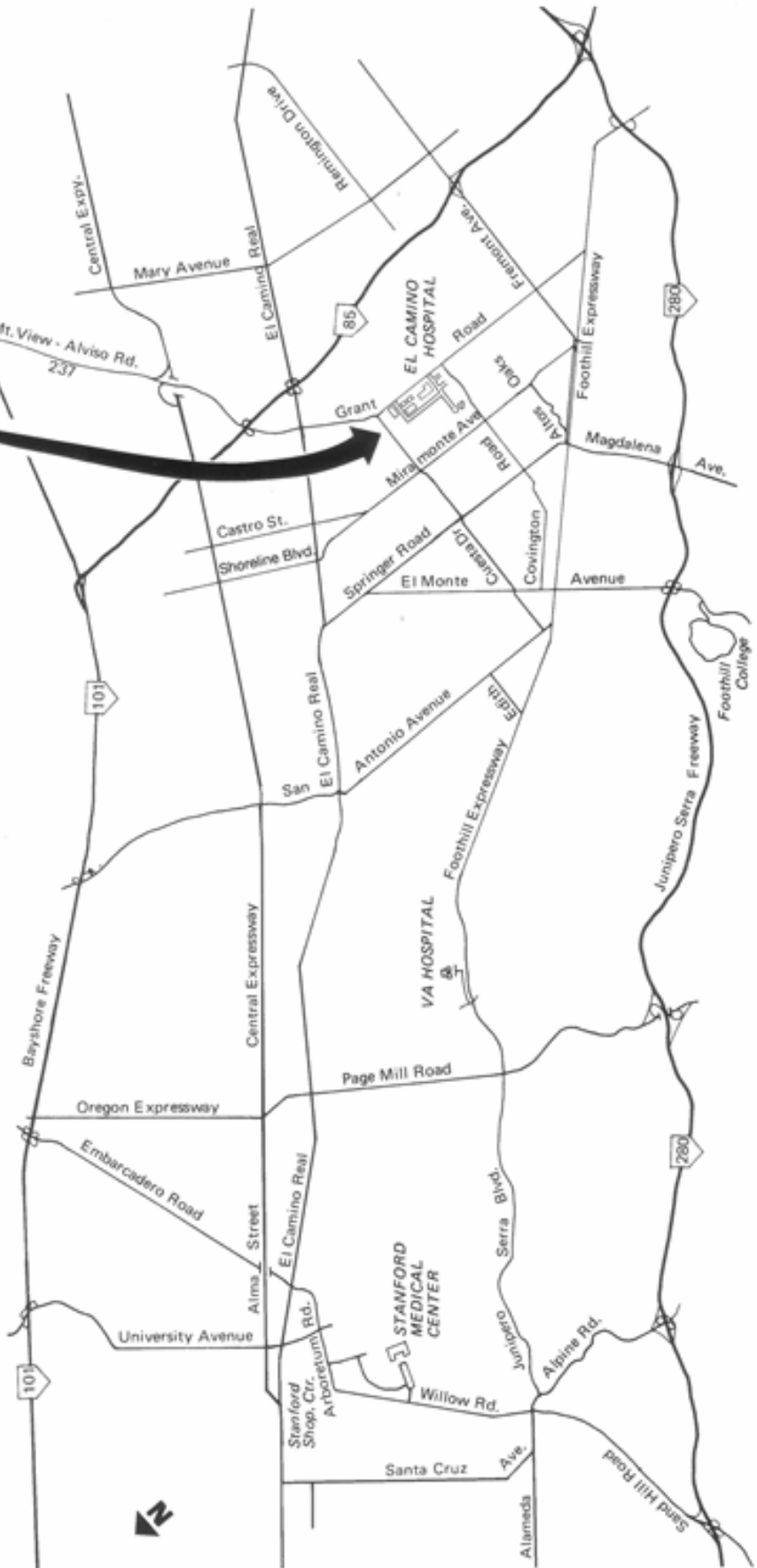
PETER S. LEVIN, M.D.
 COSMETIC FACIAL AND LASER SURGERY
 OPHTHALMIC PLASTIC SURGERY
ORCHARD CREEK MEDICAL CENTER
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SCALE
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OFFICE



Peter S. Levin, M.D.

Ophthalmic Plastic Surgery

525 South Drive, Suite 101
Mountain View, CA 94040
(650) 964-9600

Patient Registration. Welcome to our office.

Please print and fill out completely. Please provide insurance cards to photocopy.

Name: _____ Birth Date: ___/___/____ Sex: _____
last first middle

Social Security #: _____ - _____ - _____ Cell phone (provide only if OK to use) _____

Home address: _____
Street City State Zip

Home phone: () _____ Work phone: () _____

We will respect your confidentiality. May we leave messages at home () yes () no. At work () yes () no.

Emergency contact person: _____ Phone: _____

How were you referred to Dr. Levin? _____ Telephone: () _____

Address of referring individual: _____

Primary Care physician: _____ Telephone: () _____

Primary Care physician address/city/zip: _____

Employer: _____

Spouse/Parent: _____

Spouse's/Parent's Employer: _____

Primary Insurance Company: _____ Subscriber name: _____

Insurance I.D. #: _____ Group number: _____

Secondary Insurance Company: _____ Subscriber name: _____

Insurance I.D. #: _____ Group number: _____

PLEASE SIGN BELOW AND RETURN TO THE FRONT DESK

I, the undersigned, have insurance coverage and assign directly to Peter S. Levin, M.D. all surgical and / or medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that some insurance plans have "preferred" panels of physicians or require prior authorization prior to seeing physicians. I understand that I am responsible for payment of fees if authorization has not been obtained for whatever reason. I hereby authorize the doctor to release all information necessary to secure payment of benefits.

Date _____ Signed _____

All Medicare patients must sign lifetime beneficiary claim authorization: I request that payment of authorized Medicare benefits be made either to me, or on my behalf, to Peter S. Levin, M.D., for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services. I understand my signature requests that payment be made, and authorizes release of information necessary to pay the claim. If "other health insurance" is indicated in Item 9 of the electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance, and non-covered services. Co-insurance and the deductible are based on the charge determination of the Medicare carrier.

Date _____ Signed _____

The evaluation that you receive is specialized and is limited to your facial plastic problem. I am aware that Dr. Levin is not providing an "eye examination" and that this visit does not replace your need for an eye exam.

Date _____ Signed _____

Your Name: _____

Date ___/___/___

Occupation: _____

Age _____

Symptoms you currently are or have recently been experiencing (please circle yes or no):

Watery eyes.....YES NO
Discharge from eyes.....YES NO
Sinus problems.....YES NO
Difficulty breathing through nose.....YES NO
Difficulty swallowing.....YES NO
Chest pain/angina.....YES NO
Frequent nose bleeds.....YES NO
Easy bruising.....YES NO

Abnormal bleeding tendency.....YES NO
Shortness of Breath:
Sitting.....YES NO
Walking around home.....YES NO
Walking stairs.....YES NO
Walking several blocks.....YES NO

Allergies:
Environmental/hay fever.....YES NO
Local anesthetic.....YES NO
Penicillin, sulfa, or other
antibiotics.....YES NO
Iodine/Betadine.....YES NO
Codeine or other narcotics.....YES NO
Describe drug allergies_____

Personal Medical History-Have you ever had (please circle yes or no):

Vision loss not correctable with glasses
or contacts.....YES NO
Glaucoma.....YES NO
Cataracts/cataract surgery.....YES NO
Retinal Disease.....YES NO
Asthma/emphysema.....YES NO
High Blood Pressure.....YES NO
Rheumatic Heart Disease.....YES NO

Heart murmur.....YES NO
Mitral valve prolapse.....YES NO
Other heart disease (heart attack, angina,
blocked heart vessels, heart failure) YES NO
Hepatitis, Jaundice or liver disease.. YES NO
Tuberculosis.....YES NO
AIDS or HIV infection.....YES NO
Diabetes.....YES NO

Graves Disease/thyroid problems.....YES NO
Problems with immune system.....YES NO
Anemia.....YES NO
Transfusion.....YES NO
Cancer.....YES NO
Cold sores or fever blisters.....YES NO
Skin cancer.....YES NO

Family History-Have your parents or siblings had (please circle yes or no):?

Diabetes.....YES NO

Thyroid disease.....YES NO

High blood pressure.....YES NO

Do you wear : Glasses for distance vision? YES NO Contact lenses? YES NO Have you been told you have "dry eyes" YES NO

Do you take artificial tears or other eye drops? YES NO Please list: _____

Have you every had: Chemical peel? YES NO Laser skin treatment? YES NO Botox? YES NO. Facial or eyelid surgery or any cosmetic
surgery? YES NO Specify (if yes):_____

List other surgeries you have had:_____

After surgery /injury do you develop: Pigmented scars? YES NO Large/thick/keloid scars? YES NO Any other scarring abnormality? YES NO

Have you ever had a tooth removed? YES NO If "yes", did you have unusual bleeding at that time? YES NO

Do you take aspirin or cousin drugs such as Advil, ibuprofen, Motrin, Naproxyn, Celebrex, or other non-steroidal anti-inflammatory drugs? YES NO

Medications you presently take (continue on back of form if needed): _____

Do you smoke cigarettes? YES NO. If "yes", how many packs a day and for how many years? _____

Any health problems not mentioned above: _____

Are you or could you possibly be pregnant? (QUESTION FOR WOMEN) YES NO

How many alcohol containing drinks do you have in an average week? _____

Do you live alone? YES NO Name of person living with you? (We prefer that patients have company for 24 hr. after surgery) _____

If you use skin care products, please list: _____

Have you been told to take antibiotics prior to dental or surgical procedures ? YES NO If yes, what drug and how do you take it. _____

Are you aware that results of medical treatment and surgery vary from patient to patient and cannot be guaranteed? YES NO

Would you like recommendations on improved appearance of your eyelids, face, or skin at the time of your consultation? YES NO If yes, please list any
specific areas of interest:_____

Signature:_____

Date:_____

Thank you for taking the time to accurately record your health history!

If you have an advanced medical directive (a "Living Will" or Durable Power of Attorney for Health Care), you may ask us to keep a copy in your medical record.

For office use only:

apsipract/forms/newheal06_2006

History reviewed: [] No changes [] Changes as noted above [] MD Signature:

❖ Ophthalmic and Facial Plastic Surgery ❖

Looking ahead to your operation

"Successful surgery requires a team effort with a key member of that team being you."

The surgical procedure

Successful cosmetic or reconstructive surgery depends on a number of factors some of which can be controlled and others that cannot. These variables include age, race, heredity, and individual tissue reaction. My goal--like yours--is to achieve as much improvement as possible.

You will receive instructions from us detailing your responsibilities for medical care before and after surgery. To achieve optimum results it is important that you follow these instructions very carefully. In general, we do not recommend travel outside the area for 2 weeks following surgery.

Your consent

As a surgeon, I can proceed with surgery only with your full cooperation. If you agree with my recommendations, you will be asked to sign a statement authorizing the discussed and recommended treatment. It is important to read the consent form carefully. Ask any questions prior to signing for surgery. Your signed consent is our agreement to proceed.

Getting ready for surgery

The steps that you take to prepare for surgery will depend somewhat on what procedure you will be undergoing. However, here are a few general rules for getting ready for surgery.

Two weeks before surgery:

- ❖ Now is the perfect time to quit smoking for good--among other problems, it delays healing. Even if you cannot quit permanently, stop at least two weeks prior to surgery.
- ❖ Stop taking aspirin or aspirin-

containing products which may make you bleed during surgery. Stop taking cousin drugs to aspirin such as Advil which have similar effects. You may take Tylenol without any limitation.

- ❖ Red wine may promote bleeding and should be avoided for 10 days before surgery.
- ❖ Begin taking Vitamin C to promote healing.

One week before surgery:

See your medical doctor (be sure to schedule a "pre-operative assessment") and have any required lab work performed 5-7 days before surgery. Contact our office immediately if you develop any signs of infection before surgery..

Be certain that you have a ride home after surgery. You will not be permitted to drive yourself. We prefer that someone can stay with you until the morning after surgery.

Prepare crushed ice or frozen peas in plastic bags to use as compresses after surgery.

The night before surgery:

Go to bed at your usual hour. Do not eat or drink anything after midnight. You should, however, take your usual medications with a small sip of water in the morning.

A spirin and its cousin drugs may be beneficial in treating arthritis, heart disease, and pain. However, even one baby aspirin can encourage bleeding that interferes with surgery. Stop these drugs at least 10 days before your operation. You may take Tylenol (acetaminophen). (You may wish to ask us before taking over the counter medications.)

Example of Products to Avoid:

Aspirin	Alka-Seltzer	Bufferin	Nuprin
Naprosyn	Naproxyn	Ibuprofen	Voltarin
Pepto-Bismol	Motrin	Advil	Anacin
Ecotrin	Indocin	Excedrin	Aleve

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After your operation

"A positive mental outlook, good nutrition, and an optimistic attitude will help in the healing process."

When you get home

When you are awake during the first 24 hours after surgery, place an eyepad lightly moistened tap water on your eyes. Alternatively, you may choose to apply crushed ice or even frozen peas wrapped in plastic bags. Change compresses as often as necessary. If you can, continue this for 15 minutes out of the hour on the second day after surgery.

If you were given an ointment to take home, then begin use at bedtime. Apply 1/4 inch of ointment into the involved eye(s) and incision sites. Apply directly from the tube or after transferring ointment to a Q-tip. Continue to put the ointment on the skin for 10 days—or until the tube is empty. Put the ointment in your eye at night for 10 days, and use it once or twice during the day if your eyes feel dry or scratchy.

Special considerations

Resume medications prescribed by your general medical doctor unless you have been told otherwise.

At bedtime, elevate your head with pillows for one week.

During bathing, protect your eyes by facing away from the stream of the shower and by using a damp washcloth to clean your face. You may bathe the day after your operation. As necessary, gently swab any crusts away from the eyelid stitches with a Q-tip moistened with peroxide or water.

Avoid direct sunlight for 4-6 weeks to allow optimal healing.

Avoid driving after surgery until you have fully recovered from sedatives that were used during surgery and until you have recognized the limits

imposed by your surgery.

Take Tylenol (acetaminophen) for discomfort, but continue to avoid aspirin, Advil and similar anti-inflammatory drugs for 10 days.

Avoid Makeup near your incisions for 10 days. Please do not wear makeup to your follow-up visits for one month after surgery.

Avoid exercise for 10 days since this may raise your blood pressure and heart rate.

Common Symptoms & Observations

- ◆ Redness, swelling, and bruising of the lids
- ◆ Tearing
- ◆ Blurred vision from the use of ointments
- ◆ Slight oozing of blood from the incisions
- ◆ Minor irritation and scratchiness.

Emergency Symptoms & Observations

You should call immediately if you experience:

- ◆ Severe or deep pain
- ◆ Bleeding not controlled with compresses
- ◆ Rapid swelling of the eyelids and protrusion of the eye
- ◆ Diminished or loss of vision not improved with blinking or eyedrops

Reaching Dr. Levin.

Dr. Levin is at your disposal after surgery. If you have problems or questions immediately after your operation, then do not hesitate to call him. The office telephone number (below) tells you how to page him. If, for some reason, you cannot reach Dr. Levin and are having an emergency, contact your local emergency room.

Be assured, this office is committed to providing outstanding care. We encourage your questions and comments.

Check list for your first appointment after surgery.

- ◆ Write down all your questions.
- ◆ Bring all your medications.
- ◆ Bring any special tape or bandages that you may have.
- ◆ Bring any distance prescription glasses you may have so that we may check your vision.

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