

ROBINSON FACIAL PLASTIC SURGERY

SURGICAL COST ANALYSIS

Patient Name : _____ Date : _____

**PROCEDURE(s):	RFPS fee	Anesthesia fee	Facility fee
		_____ hrs.	_____ hrs.
_____	_____		
_____	_____		
_____	_____		
_____	_____		

subtotal fees: _____

TOTAL fees

\$

Advance fees

\$ _____

Amount owed

\$ _____

(All fees to be paid two weeks prior to surgery date)

Notes : _____

*Make your check or money order payable to Robinson Facial Plastic Surgery. For your convenience we accept Visa/Mastercard, Discover and Americam Express. In addition to the above fees, the patient and or guarantor will be responsible for bloodwork, EKG, pathology, x-rays, and prescription medications if necessary. The above quotation is valid for six months. In addition, if more surgery is performed than originally estimated (i.e. moles, skin lesion, or medically indicated functional surgery), there will be an additional charge. This is not a contract, however I do acknowledge by signing my signature below that I have been given the above fees and do understand said fees and extra charges.

PATIENT and/or GUARANTOR signature : _____ DATE : _____

** abbreviations: FL=facelift, FHL=forehead lift, UELS/LELS=upper/lower eyelid surgery, rhino=rhinoplasty, CI=chin implant, CkI=cheek implant, FFCO2=full face CO2 laser, FFCP=full face chemical peel, SML=submental liposuction, MFL=midface lift.