



**U.B.C. DIVISION OF PLASTIC SURGERY
RESIDENT COSMETIC CLINIC
APPLICATION**

IMPORTANT INFORMATION TO KNOW ABOUT OUR CLINIC

The U.B.C. Division of Plastic Surgery 'Resident Cosmetic Clinic' is a unique component of our Residency Program that trains medical doctors (residents) over a 5-year period to become plastic surgeons. Cosmetic surgery is only one aspect of the training in Plastic Surgery. Much of our residents' training is under the auspice of 'reconstructive' surgery, which includes breast reconstruction after breast cancer, facial reconstruction after major injury, burn reconstruction, large wounds requiring flap reconstruction, replantation of fingers, arms, ears, paediatric reconstruction such as cleft lip and palate and other birth anomalies.

The cosmetic clinic forms part of the final training year for our Residents. The number of 5th year residents does fluctuate, meaning some years there are fewer overall surgeries performed. Residents begin their rotation in the clinic performing less difficult cosmetic procedures before progressing to more complex cases. After an initial consultation, and if the resident wishes to perform your desired surgery, a second consultation to finalize the operative plan is booked with the resident and Senior Staff Plastic Surgeon that will be directly supervising in the Operating Room. All pre and post-operative care is performed by the Resident, with predominantly remote senior supervision.

If you wish to complete our application form, we must stress there is no guarantee that the resident will select you as a surgical candidate during his/her term. If you are a good surgical candidate and NOT selected, you may be referred to the next incoming plastic surgery resident. If you are not a suitable candidate for this clinic you will of course be notified.

Thank you for your interest in our program.



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The UBC Division of Plastic Surgery comprises 18 faculty Plastic Surgeons sited between Vancouver General Hospital, St. Paul's and BC Children's Hospital. In addition to providing full reconstructive training through the Residency Program, we are committed to the training of Plastic Surgery Residents within the cosmetic sphere. This is generally performed within local private surgery facilities.

THE "RESIDENT COSMETIC CLINIC" is affiliated with the University of British Columbia. The Senior Plastic Surgery Resident (in his/her 5th year of training) is the surgeon performing your operation under the direction and supervision of a Senior Staff Plastic Surgeon. The Senior Surgeons kindly donate their time in order to allow this program to continue.

Consultation appointments are free of charge and take place in the Gordon and Leslie Diamond Health Care Centre located at 2775 Laurel Street on the 3rd floor. These consultations are arranged directly by the Resident Cosmetic Clinic Co-coordinator. It is important to update your phone number and contact information if it changes. **After 3 unsuccessful attempts to contact you your name is removed from our wait list.** Please assist us in keeping the wait list accurate – let us know if you are no longer interested or have had surgery elsewhere. You may be able to be seen earlier if you are available for a cancellation appointment on short notice.

It is important to note that you must be very flexible regarding scheduling of pre-operative appointments as the staff are donating their time. We are given very specific dates/times to work within.

Incomplete applications will not be processed.

USEFUL WEBSITES:

www.plasticsurgery.ca

www.plasticsurgery.org

www.surgery.org

(The following 3 pages are for your records and do not have to be returned.)



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STEP ONE

Please return your completed application by any method:

**MAIL: UBC PLASTIC SURGERY RESIDENT COSMETIC CLINIC
c/o Vancouver General Hospital
Gordon and Leslie Diamond Centre, Level 3, Rm 3119
2775 Laurel Street, Vancouver, BC V5Z 1M9
Attention: Leah Grandmaison – Clinic Coordinator**

FAX: 604.875.5861

EMAIL: ubc.rcc@vch.ca

STEP TWO

Upon receiving your application we will enter your name on the wait list and later contact you to book a consultation appointment.

STEP THREE

You will attend a scheduled consultation with the 5th year Resident. This appointment is free of charge and takes place at the Diamond Health Care Centre, 3rd floor, 2775 Laurel Street, Vancouver, BC.

Please do not wear perfume or scented products to your appointment.

NOTE: The residents' involvement in the cosmetic clinic is in addition to their regular hospital duties. They are unable to accommodate significant delays with late arrivals – **any patient more than 10 minutes late will likely need to be re-scheduled.**

STEP FOUR

If you are a suitable candidate for surgery in a private surgical facility (**BMI under 35, non-smoker, no underlying medical issues**), and the requested procedure is within the scope of the Clinic, you will be given a quote that is valid for 6 months. As surgical dates become available, we will contact you to offer them.

Upon acceptance you will be asked to provide a \$1,000.00 non-refundable deposit via **BANK DRAFT** made payable to '**DIVISION OF PLASTIC SURGERY**'. This deposit secures the surgery date and goes toward your total surgical fees.



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NOTE: Any surgery that is 4 hours or more in duration may be subject to an OVERNIGHT STAY at the surgical facility at an additional ESTIMATED cost of +/- \$1,800.00.

STEP FIVE

You must attend a pre-operative appointment with both the Resident and Supervising surgeon, to-finalize plans and complete paperwork. Until the completion of this review appointment, both the final quote and procedure are subject to change. We may also request you attend a fitting appointment for your post surgical garment(s).

STEP SIX

The balance of your surgical fees (via BANK DRAFT only) must be received a minimum of **4 weeks** prior to your surgery date or your surgery may be canceled.

STEP SEVEN

After surgery you will be required to attend post-operative follow-up appointments with the Resident Surgeon for a period of approximately 4 – 6 months.



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Carefully fill out and return these remaining pages (5 – 11)

Please check the procedure(s) that you are interested in having done.

- Abdominoplasty (tummy tuck) +/- Liposuction
- Breast Augmentation with implants
- Breast Augmentation with implants + Mastopexy (breast lift)
- Mastopexy (breast lift)
- Rhytidectomy (face lift)
- Brow Lift / Forehead lift
- Blepharoplasty (eyelid surgery) - Upper eyelids
- Blepharoplasty (eyelid surgery) - Lower eyelids
- Blepharoplasty (eyelid surgery) - Both Upper & Lower
- Rhinoplasty (nose)

PLEASE NOTIFY US OF ANY CHANGES TO YOUR CONTACT INFORMATION, AFTER 3 UNSUCCESSFUL ATTEMPTS TO CONTACT YOU, YOUR NAME IS REMOVED FROM OUR WAIT LIST.



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PERSONAL DETAILS

SURNAME FIRST NAME

DATE OF BIRTH AGE SEX

PERSONAL HEALTH NUMBER/ BC CARE CARD NUMBER (10 DIGITS)

OTHER

CONTACT DETAILS

HOME TEL CELL

WORK TEL EMAIL ADDRESS

By signing below, I am requesting that my name be added to the Resident Cosmetic Clinic waitlist. I wish to be called for a consultation when the clinic has availability. I verify that I am 19 years of age or older, and the information provided in the application is true to the best of my knowledge.

Name

Date



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Please print clearly:

FULL MAILING ADDRESS (include postal code)

(Optional) The name of any person with whom we may leave a message in case of a cancellation appointment or available consultation:

HOW DID YOU HEAR ABOUT OUR PROGRAM? HOW WERE YOU REFERRED TO US?

HAVE YOU BEEN SEEN IN CONSULTATION, OR BEEN A PATIENT OF THE RESIDENTS' CLINIC BEFORE? IF YES, GIVE APPROXIMATE DATE(S):

HAVE YOU CONSULTED WITH ANY OTHER PROFESSIONAL(S) ABOUT THE PROCEDURE(S) YOU ARE REQUESTING?

DO YOU CONSIDER YOURSELF 'INFORMED' ABOUT THE PROCEDURE(S) YOU ARE REQUESTING?
(please circle one)

YES NO UNSURE



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The Resident will explain the surgical procedure(s) in detail carefully go over risks and complications and answer any questions or concerns you may have. If you are deemed a surgical candidate, you will be provided with a quote after the appointment. Quotes are given after consultation as prices are based upon the scope of surgery and based on individual needs.

HAVE YOU HAD ANY TYPE OF SURGERY BEFORE? YES NO

IF YES, PLEASE GIVE DETAILS. Include type of surgery, approximate date, the hospital/surgeon. Note if there were any complications/comment on recovery, healing etc.

DO YOU HAVE ANY FAMILY HISTORY OF ILLNESS OR DISEASE? YES NO

IF YES, PLEASE GIVE DETAILS:

PLEASE LIST ALL MEDICATIONS THAT YOU TAKE. Include the dosage and what the medication was prescribed for:



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PLEASE LIST ALL HERBAL PREPARATIONS, VITAMINS/SUPPLEMENTS THAT YOU USE EVEN OCCASIONALLY. EXAMPLE: Ginkgo biloba, garlic, ginger, ginseng, feverfew, vitamin E, fish oil

DO YOU HAVE ANY KNOWN ALLERGIES TO MEDICATIONS? **YES** **NO**

If yes, what was the reaction?

ARE YOU ALLERGIC TO LATEX? **YES** **NO**

DO YOU SMOKE? **YES** **NO** If yes, how much/how often?

HAVE YOU QUIT SMOKING? **YES** **NO** If yes, when?

DO YOU DRINK ALCOHOL? **YES** **NO** If yes, how much/how often?

YOUR HEIGHT **YOUR WEIGHT** **YOUR BMI:**

*There are BMI calculators available online

DO YOU HAVE ANY MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? **YES** **NO**

If yes, please explain:

TELL US ABOUT YOUR LIFESTYLE/WORK: Does your position require heavy lifting? Can you take time off work? Are you home with small children? Is your schedule flexible?



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CHECK THE FOLLOWING TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD EACH:

- I am aware that the **PLASTIC SURGERY RESIDENT** in his/her final year of plastic surgery training performs the operation under the supervision and guidance of a Staff Plastic Surgeon.
- I am aware that I will be given an estimate for the procedure by the Clinic Coordinator after I have been seen in consultation and the Resident has had time to review his/her treatment plan.
- If I am offered a surgery date and decide to proceed, I agree to pay a non-refundable surgery deposit of \$1,000.00 via **BANK DRAFT** payable to 'Division of Plastic Surgery'. This deposit secures my surgical date. I am aware that if I cancel, the surgical facility will **NOT** refund my deposit. If the Senior Resident or Staff Plastic Surgeon deems it necessary to cancel my surgery (i.e. due to illness) my deposit will be held, and the surgery will be rescheduled.
- I agree to pay the surgical balance owing **4** weeks prior to my scheduled surgery date. If not, I am aware that my surgery may be canceled and the deposit will remain non-refundable and non-transferable.
- I am aware that only **BANK DRAFTS** or payment from **Medicaid (iFinance Medical)** are accepted. Financing arrangements are made directly between the patient and Medicaid 1-888-689-9876 or www.medicard.com.
- I am aware that if my surgery is 4 hours or more I will likely be required to stay overnight at the surgical facility at an additional fee of approximately \$1,800.00 (price varies depending on facility).
- I am aware that it is mandatory for me to attend a pre-operative appointment with the supervising surgeon and the Resident in order to proceed with surgery.
- I am aware I must commit to post-operative visits with the Resident for a maximum of 6 months after surgery. Typically a minimum of 3 visits over 3 – 6 months.



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- I am fully aware that I am responsible for all fees in the event that a secondary surgery is performed, or further treatment required. This includes fees for ANY additional surgery – including revisions.

- I agree to allow the Resident to photograph me both pre and post-operatively for educational purposes.

- I am aware that not having a surgery date offered is a possibility and that there is no guarantee that the resident will select me as a surgical candidate during their residency term in the UBC Resident Cosmetic Clinic.

SIGNATURE:

PRINT NAME:

DATE: