

**Prestige Plastic Surgery  
Gary A. Vela, M.D., F.A.C.S.**

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.....Columbia, Maryland 21045

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**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**5) Name and Phone number of Primary Care**

**Physician:**

\_\_\_\_\_  
\_\_\_\_\_

**6) Do you smoke or use any nicotine products?**

\_\_\_\_\_

**1) List all medications and vitamins you're currently taking:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Are you allergic to any medications?**

\_\_\_\_\_  
\_\_\_\_\_

**3) List all surgical procedures you've had:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) Do you have any unusual medical problems?**

\_\_\_\_\_

<b>7) Do you take:</b>	<b>Yes</b>	<b>No</b>
Blood Thinners		
Heart Medication		
High Blood Pressure Medication		
Diuretics		
Aspirin		
<b>8) Do you have:</b>		
Heart Disease		
High Blood Pressure		
HIV		
Liver Disease/Hepatitis		
Asthma		
Thyroid Disease		
Diabetes		
Psychological Disorders		
Prolonged Bleeding		
Shortness of Breath		
Chest Pain		
Unusual Swelling		