

Aesthetic Surgical Associates Stephen Eric Metzinger, M.D., F.A.C.S. 3223 8th Street

Suite 200 Metairie, LA 70002 Office: 504.309.7061 Fax: 504.309.4853

www.aestheticsurgical.com

American Board of Plastic Surgery
American Board of Facial Plastic Surgery
American Board of Otolaryngology
American Society of Plastic Surgeons
American Society for Aesthetic Plastic Surgery
American Association of Plastic Surgeons
American Society of Maxillofacial Surgeons
The Rhinoplasty Society

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PATIENT WORKSHEET

Date:
Name:
Please write in your own words what condition(s) you wish the doctor to discuss with you:
** For Office Use Only**
Examination, History, Procedures Discussed, & Recommendations:
Measurements: