



PRE-SURGERY
REGISTRATION FORM

We know that our clients have several options when choosing who to entrust their post-op surgery care to, and we would like to express our sincere appreciation for choosing us. We hope that the care provided to you surpasses your expectations, as we are committed to providing the highest quality service.

~Dream Dollz Services, LLC

MEDICAL RELEASE FORM

Client Name: _____

DOB: _____

I, _____ agree to receive services from **Dream Dollz Services, LLC** I also agree of own free will to aid in the development of the care plan and treatments prescribed by Doctor who performed my procedure, and the associated care facility. I agree to allow authorized personnel to perform all necessary procedures and treatments pursuant to my care plan.

In addition, I, _____ accept financial responsible for all expenses incurred from my treatment and procedure and, am fully aware that all unpaid accounts will be considered default after 60 days of invoice and that legal action will be taken.

Dream Dollz Services, LLC will provide services from _____ to _____.

Hereafter, I certify that I am being released in good health and into the care of a coherent, self-appointed party, releasing **Dream Dollz Services, LLC** from all health-related obligations after services have been rendered. I will contact my health care provider with all medical questions and/or concerns. I understand that it is the policy of **Dream Dollz Services, LLC** to inform all clients that in the event of an emergency that he/she should contact 911, or go to the nearest emergency room. **Dream Dollz Services, LLC** has the right to release my medical reports and information pertinent to my care to any hospital, physician, or individual involved in my care upon the receipt of a written request.

Print Name: _____

Date: _____ Signature: _____

Client Information

First Name _____ Last name _____

Date of Birth _____ Sex _____ Address _____

City _____ State _____ Zip Code _____ Phone # _____

Procedure Information

Procedure(s) performed: _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Doctor/Facility where procedure was performed

Date of Procedure _____ Doctor _____

Name of facility _____

Phone # _____ Address _____

City _____ State _____ Zip Code _____

CURRENT Medication List

Name of Medication _____

Reason : _____ Dose _____ Frequency _____

Name of Medication _____

Reason : _____ Dose _____ Frequency _____

Name of Medication _____

Reason : _____ Dose _____ Frequency _____

MEDICAL HISTORY FORM

Patient Name: _____ DOB: _____

Past Medical History:

List **ALL ALLERGIES** with reactions (Medication, Latex, Food, etc.):

IF NO KNOWN ALLERGIES, CHECK HERE _____

1. Please circle ALL that apply. If you have any of the following illnesses; please explain.

- | | |
|-----------------------------|--------------------------|
| Diabetes | Allergy Problems/Therapy |
| High Blood Pressure | Kidney Problems |
| Thyroid Problems | Neurological Problems |
| Heart Disease/Cholesterol | Mental Health Problems |
| Respiratory Problems/Asthma | Anesthesia Problems |
| Stomach/Intestinal Problems | Hepatitis |
| Bleeding Disorder | HIV/Aids |

2. Please list any operations/surgical procedures (and dates) you have ever had. List any complications that may have occurred.

3. Please list any current medications (including dosage, times per day)

Social History

Do you smoke or chew tobacco? _____ How much? _____ How long? _____

Do you have pets in your home? _____

How often do you drink alcohol?

How often do you drink caffeine?

Medical Contact Information:

I have voluntarily provided the above contact information and authorize **Dream Dollz Services, LLC** and its representatives to contact any of the above on my behalf in the event of an emergency.

Guest Signature: _____ Date: _____

Reviewed by:

Ericka McNeil, LPN

Dream Dollz Services, LLC
Ericka McNeil, LPN

POST-OPERATION SUPPLY LIST

Embolism Stockings

Bathrobe

Seamless Sports Bra

Seamless Tank Tops

Long Dresses (Loose-fitting)

Nightgowns

Large Sanitary Napkins

Insulated Socks (2 pair)

Slippers

Flip Flops

Shower Curtain

Mattress Cover

Peroxide

Tide (Laundry Detergent)

Trash Bags (1 Box)

Disposable Adult Underpads
(preferably Chux)

Antibacterial Soap

***Faja**

***Abdominal Board**

***Lipo Foam**

***These items are optional, please consult with your plastic surgeon to find out if he/she will be supplying these items for you.**

Dream Dollz Services, LLC
Ericka McNeil, LPN

SUGGESTED FOOD LIST TO AID IN RECOVERY

Protein – soy, dairy, beans, eggs, cottage cheese, poultry, fish, meat, avocado and nuts are all excellent sources of protein. Make sure you incorporate some into each meal to allow your bones and muscles to rebuild and help your immune system stay strong enough to fight off infection.

Vitamin C – vitamin C helps your body make collagen. When your body is recovering, it needs healthy connective tissue and collagen is what those ligaments and tendons are made of. Citrus fruits, vegetables, berries, and potatoes can help ensure you get enough vitamin C.

Calcium – this mineral is not made in the body and our bones are continually losing small amounts of it, so we need to consume calcium to maintain strong bones. Dairy like milk, cheese, and yogurt are often the sources we think of first, but chew on this: spinach, kale, and chia seeds are loaded with even more calcium.

Vitamin D – this nutrient makes sure we can absorb calcium from the food we eat and can be found in orange juice, almond milk, and many of the same foods that contain protein and calcium.

Anti-Inflammatory – inflammation is the reaction of your immune system to infection, injury, or irritation. It is a normal response and a natural part of the healing process. However, chronic inflammation could have negative effects on your health and body. Berries, pineapples, cherries, oranges, tomatoes, broccoli, turmeric, dark chocolate and green tea can help combat inflammation.

Dream Dollz Services, LLC
Ericka McNeil, LPN

SUGGESTED PRODUCT RECOMMENDATIONS FOR TO AID IN RECOVERY
AFTER SURGERY

All of these items can be purchased from me directly, preferably in advance, or via my website where the items are cheaper.

The website is <https://retail.totallifechanges.com/SnatchedE>

Alleviate (\$85)

- Topical cream infused with CBD that alleviates muscles soreness, joint pain and helps to minimize bruising (lasts approximately 3 months).

Nutraburst Liquid Vitamin (Small \$25, Large \$75)

- Provides essential elements to help strengthen your body, it is equivalent to eating 10 salads.
 - 1 Tablespoon daily (relieves inflammation, strengthens immune system, decreases fatigue, improves heart function and increases hemoglobin).

Iaso CBD Detox Tea (Week Supply \$25, Month Supply \$85)

- Eliminates waste and toxins from your body (such as anesthesia and medications). It will regulate bowel movement and assist with pain, insomnia, and arthritis.
 - I recommend a 1 week supply to help rid your body of the anesthesia and medications as anesthesia and narcotics are known to cause constipation. This tea will assist you with bowel movement.