

DR. LUIGI MARIA LAPALORCIA

MEDICO CHIRURGO SPECIALISTA IN CHIRURGIA PLASTICA RICOSTRUTTIVA ED ESTETICA

Date_____

Mr./Mrs._____

Age_____ Date of birth_____

Country of Origin_____

Phone_____

Email_____

Surgery required_____

Past medical-surgical
History_____

Medications_____

Allergies_____

Electrocardiogram (ECG), complete blood count(CBC), coagulation blood test (PTT, PTT, INR) are normally required before surgery. Chest X-ray and further tests might be required.

Please fill and fax to +390755925026 or scan and e mail to info@drlapalorcia.com

Sincerely,

Dr. Luigi Maria Lapalorcia