

The Plastic Surgery Practice  
10, Sinaran Drive,  
#11-33  
Novena Medical Center  
Singapore 307 506  
Tel: 6397 6618 Fax: 6397 7076

### Preoperative Instruction sheet

Dear \_\_\_\_\_,

You are scheduled for a surgery on the \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_ by Dr. Andrew Tay.

Please arrive \_\_\_\_\_ at \_\_\_\_\_ for the pre-operative preparation.

### General Instructions

- **One week** before your surgery, please **do not** consume any supplements containing fish oil, ginseng, onion, garlic, ginger, ginkgo biloba, feverfew. Please avoid evening primrose, Coenzyme Q10, Vitamins E & K, multivitamins and any medications that regulates blood circulation, eg, aspirin.
- Advice to **remove** any nail polish on your fingernails, for monitoring during the surgery.
- Please **remove** all metallic objects, jewelry before the surgery.
- **Do not** consume alcohol 24hrs from the surgery.
- **Do not** drive on the day of surgery.
- **Do not** wear any makeup on the day of surgery.
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- For **Eyelids surgery** : Wear contact lens to clinic (if applicable),bring your pair of glasses along

### Surgery is done under General Anesthesia OR Intravenous Sedation

- **Before** your surgery, **do not** have any food and drink intake from \_\_\_\_\_ till after the surgery.
- If you are on **daily medication**, you may continue with your usual routine with just a sip of water. (Please call the clinic if you are unsure.)
- Kindly make arrangements for a family member or friend to take you home after your surgery. Do not attempt to drive home on your own after surgery.

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### Payment Policies

- A non-refundable **deposit of 50%** is due at the time when a surgery date is scheduled. This is to confirm the reservation of Dr Andrew Tay, Anesthetist, Nurses and Operating room facilities.
- Failure to pay your surgery deposit may make it necessary for us to cancel your surgery and reschedule it for a later date following payment of this deposit. Payment in the form of **Cash, Nets, Cheque, Amex, Visa, or Mastercard** will be accepted.
- Please address cheque payment to: **Andrew Tay Plastic Surgery Pte Ltd**
- The balance of payment is due of the surgery. You are required to settle your bill at the counter before you leave the clinic.
- You are responsible for all expenses incurred in relation to your surgery. Unless otherwise stated by Dr Tay, the fees quoted to you do not cover the cost of additional surgery. If additional surgery is required for whatever reason(s), the cost incurred will be borne by you.
- If you decide to postpone your surgery, please inform us at least **ONE week** in advance so as to minimize inconvenience to all parties involved. Any postponement less than **5 days** from the surgery will result in forfeit of the deposit. Any cancellation of the surgery will also result in forfeit of the deposit.
- While Dr Tay gives you his personal assurance that he will make every effort to achieve the best possible result for you, in no way does this constitute a guarantee of any sort as to the outcome of your surgery. In line with this, fees cannot be refunded in the event of complications or suboptimal results.

### Patient Declaration

**\*I have read and fully understood the above instructions and statements and I agree to abide by them.**

Full Name: \_\_\_\_\_

NRIC/ FIN/ Passport number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**\*Witness by:**

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

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

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