

Consultation Notes

Patient Name: [Patient Name]

Date of Consultation: [Date]

Consulting Physician: Dr. [Physician Name]

Reason for Consultation

[Brief description of the patient's concerns and reasons for seeking reconstructive surgery.]

Medical History

[Patient's relevant medical history including previous surgeries, allergies, and current medications.]

Physical Examination

[Details of the physical examination, including affected areas and relevant findings.]

Assessment

[Summary of the assessment, including diagnosis and indications for reconstructive surgery.]

Plan

[Outline the proposed treatment plan, including surgical and non-surgical options.]

Next Steps: [Follow-up appointments, additional tests, etc.]

Informed Consent

[Indicate whether informed consent was obtained or needs to be addressed.]

Additional Notes

[Any additional comments or information relevant to the case.]

Physician Signature: _____