



General Postop Instructions

Cosmetic Surgery Clinics
cosmeticsurgeryclinics.com

Patient: _____ MR# _____

Procedures: _____

1. Activity: Routine Bed Rest Bed Rest & in chair
2. Position: Routine Elevate head and neck on 2 pillows Sleep on back only
3. Ice Packs: Yes No Only for comfort and swelling
4. Driving restricted: No Yes _____ days While using prescription pain medication
5. Medications: as per prescription medication instructions
6. Exercise: No exercise for 4 weeks No running, biking, jumping, swimming
 No bending, lifting, pushing
7. Shower: May shower in 36 hours After drains are removed
8. Call office: if observe excessive redness, swelling, bleeding, discharge, fever, or pain not relieved by medication. CALL 949-499-3915.

9. Return Visit: _____ Days Date: _____ Time: _____

Responsible Party Signature: _____ Phone: _____ Date _____

