



AESTHETIC FACIAL PLASTIC SURGERY PLLC  
DR. PHILIP YOUNG, MD

### The Pills I Take

All pills affect the body, that is why we take them, but many can actually cause problems when you are undergoing surgery. The most common problem is reduced blood clotting which can mean difficulty stopping bleeding, increased bruising, and delayed healing. More serious problems can be high blood pressure, cardiovascular concerns and interactions with anesthesia medications. Any of these can cause serious complications or potentially fatal reactions.

If you take any pills – prescriptions, over-the-counter, vitamins or herbs – make sure that you give a complete list to Dr. and their nurse so that they can make the appropriate decision regarding their safety. A list of Medications to Avoid is available for your convenient reference at home while preparing for surgery. It is thorough, but not comprehensive, as new drugs are released regularly. Please call the office, or your pharmacy, if you feel the need to take anything not on the list and not previously indicated as safe.

Please initial Yes or No for each item:

- |     |    |  |
|-----|----|--|
| Yes | No | I take, or have taken within the last 2 weeks, <b>diet pills</b><br>(prescription, over-the-counter, vitamin or herbal).<br>If Yes, please list what & when                          |
| Yes | No | I take, or have taken within the last 2 weeks, <b>herbal supplements</b> .<br>(The potential for herbal preparations to cause a problem is real.)<br>If Yes, please list what & when |
| Yes | No | I have informed Dr. completely about which pills I<br>am taking or have taken within the last 2 weeks.   |
| Yes | No | I have been informed of which medications to avoid and will do so.   |

By signing below, I, \_\_\_\_\_, certify that the above information is true and complete. Furthermore, I acknowledge that any omission of information or taking the wrong pill prior to surgery can have an adverse affect on me and I accept full responsibility for all consequences if I disregard these instructions.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_