



Plastik Cerrahi Hasta Kayıt Formu

Op. Dr. Oytun İdil (Estetik plastik cerrahi - El cerrahisi - Mikrocerrahi)

- 1) Your name and surname:
- 2) T.C. ID number (for Turkish patients):
Passport number (for foreign patients):
- 3) Your date of birth:
- 4) Your profession:
- 5) Your marital status (married, single, etc.):
- 6) Your phone numbers where we can reach you:
Home phone :
Office phone :
Mobile phone :
- 7) Your address:
- 8) Your e-mail address (also if you have a website, your site address):
- 9) Your complaint:
- 10) Do you have a serious illness in your family (mother, father, heart disease, diabetes, etc.):
- 11) If you have a serious illness or surgery that you have or have had in the past, please write (hypertension, heart disease, rhinoplasty, etc.):
- 12) Do you smoke, how much?
- 13) Do you have a known drug allergy?
- 14) Do you have a drug that you use constantly?

Date and signature:

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