



EstetikaTour 17, rue Ahmed Rami
1002 Bélvédère - Tunisie

Form of free consultation *Cosmetic Surgery*

* The Heading that should be filled.

Your personal details :

Title* : Mrs Miss Mr

Family name* :

First name* :

How old are you* :

Address:

City* :

Zip code* :

Country* :

Nationality* :

Job title* :

Home phone* :

Mobile phone:

Skype Name:

E-mail* :

In order to better serve you, please tell us among the following advantages that we offer, which one is the most important for you? (several possible answers)*:

- Your All Inclusive formula where I know in advance all I will have to pay
- The independent advice that you will give on selecting the best surgeon for my individual needs and desires
- The anonymity which my intervention in Tunisia confers to me
- The pre operational consultation which you ensure in my country
- The post operational care which you ensure in my country
- Your programme of preoperative relaxation and convalescence in Tunisia
- To benefit from my intervention to enjoy holidays after my convalescence

- To benefit from my intervention to offer holidays to my family
- In the event of resumption of my intervention the guarantee that the new intervention would be free of charge to me
- The soft prices which you offer
- The organisation of my travel where you will take care about everything
- The personal and friendly assistance which you ensure during my stay

Other (please specify) :

Why are you considering this surgery?* :

How did you hear about Estetika Tour? :

Best day and time to reach me:

Medical history :

Motivations:

When have you decided to have cosmetic surgery? :

Did you consult a cosmetic surgeon? Yes No

If so, what is the proposed procedure?

General Informations :

Weight :

What was your maximum weight?

Height.....

Upper body size.....

Waiste size

Breast size (for breast surgery only) ?

Do you or did you smoke? Yes No

If so, number of cigarettes/day.....

Since which age?.....

Did you stop smoking? Yes No

If so, since when?

Do you consume alcohol beverage? Yes No

If so, at what frequency?

- Every days
- Two to three times per week
- One time per week
- Two to three times per month
- Less than one once per month

Are you under current medicine? (including contraceptive pills) : Yes No

If so, name them.....

Gynecological History : (for women)

How many pregnancies did you have?

How many children did you have?

How many caesareans did you have?

Do you wish new pregnancies? Yes No Do not know

If so, when :

For breast surgery : (only)

Have you had breast cancer? Yes No Do not know

Do you have family medical history of breast cancer regarding your mother, sisters, maternal grandmother or your maternal aunts? Yes No Do not know

Did you recently have a mammogram (breast tissues x-ray)? Yes No

If so, since when?

Was the result normal? Yes No

Medical history :

Do you have any allergies? Yes No Do not know

Are you allergic to any medicine? Yes No

If so, please mention them?

Are you allergic to Latex? Yes No Do not know

Other allergies (please give details)

Do you have high blood pressure? Yes No Do not know

Are you diabetic ? Yes No Do not know

Do you have a history of cholesterol? Yes No Do not know

Have you suffered from deep vein Thrombosis ? Yes No Do not know

Did you have nervous breakdown? Yes No

Are you taking any anti-depressants drugs ? Yes No

Do you suffer from viral diseases (HIV, Hepatitis? Yes No Do not know

If so, please mention?

Other medical history (Please mention)

Surgery history :

Did you have (non cosmetic) surgeries? Yes No

If so, please mention?

Did you have cosmetic surgeries? Yes No

If so, please mention?

Your treatment:

Make your choice:

- Aesthetic medicine
- Botox treatment (3 zones)
- Hair transplant
- Face surgery
- Mid Facelift
- Full Facelift (mid Facelift + Botox)
- Ear surgery
- Otoplasty (prominent ears)
- Eyelid and Eye surgery
- Upper Blepharoplasty (2 upper eyelids)
- Lower Blepharoplasty (2 lower eyelids)
- Quadri Blepharoplasty (4 eyelids)
- Laser Eye Surgery
- Nose surgery
- Rhinoplasty
- Lip surgery
- Lip augmentation (Lipo Filling)
- Chin surgery
- Mentoplasty
- Neck surgery
- Neck liposuction
- Breast surgery
- Breast reduction
- Breast augmentation (round implants)
- Breast lift without implants
- Breast lift with implants (round implants)
- Gynecomastia (male breast reduction)
- Breast augmentation (anatomic implants)
- Breast lift with implants (anatomic implants)
- Breast implant replacement
- Abdomen surgery
- Tummy Tuck (Abdominoplasty)

- Mini Tummy Tuck (partial abdominoplasty)
- Thight surgery
- Internal thigh surgery
- Liposuction (Liposculpture)
- Abdomen liposuction
- Small Liposuction (one to two areas)
- Liposuction of internal thigh
- Obesity surgery
- Gastric ring

Other treatment(s) (please specify) :

Preferred method of consultation :

- With medical files including photos
- In Tunisia with one of your surgeons

Your travel :

Leaving from (airport) :

Travel Package :

- Comfort package 3 stars hotel in Tunisia
- Premium Package 4 stars hotel in Tunisia
- V.I.P Package 5 stars hotel in Tunisia
- Without hotel

Board : Bed & breakfast Half board Full board

Room type : Single Double Triple

Arrival date :

Departure date:

Number of adults :

Infant < 2 years old :

Children aged 2 to 12 years old :

Remarks :

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Veillez envoyer ce formulaire accompagné de vos photos à :

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