

## THINGS TO KNOW BEFORE YOUR TRANSPLANT

1. Because certain drugs cause the blood to thin you need to stop taking all aspirin and aspirin-containing products at least **10 days** before your appointment. Take Tylenol if needed. The group of medications called NSAIDS (ibuprofen, Advil, naproxen, Aleve, etc.) should also be stopped **5 days** prior to your procedure. Any prescription blood thinners need to be stopped **3 days** before the procedure **AFTER** you receive approval from your prescribing physician . **DO NOT DRINK ALCOHOL or take vitamin E 2 days before the procedure.**
2. Eat a normal breakfast the morning of your procedure. You will be given a medication that needs to be taken with food. You will be here all day and we will provide lunch.
3. You may want to bring a baseball cap or a hat to wear home after your transplant is completed. It should be larger sized and adjustable to fit over bandages.
4. Wear comfortable clothing and a shirt that **buttons down the front**, rather than one that slips over your head. The rooms tend to be 74°F, dress accordingly for your comfort.
5. We have free wifi and surgical room TV's equipped with Netflix and Amazon videos. You may want to bring a book, laptop or Ipad to keep you occupied.
6. **Shampoo your hair well the morning of the procedure** to remove all oil, scaling or hair products. Do not apply any agents **other than conditioner** to the hair or scalp the morning of your appointment. This includes medications (Rogaine) or grooming agents (gel, hair spray, etc.). You may use conditioner.
7. Local anesthetic will be used to avoid discomfort during the procedure. If you desire a stronger sedation we can accommodate your request. You may not drive for 12 hours after sedation, therefore if you wish to be sedated, please arrange for someone to drive you home after the procedure.
8. Be sure to have your pre-operative lab work done as soon as possible. It is due 3 weeks prior to surgery. Test results are valid for 6 months.
9. To avoid a trip to the drugstore after surgery, you may want to purchase some triple antibiotic **ointment** (Neosporin) to use on the scalp where you have stitches or FUE sites.
10. Payment is due in full on the day of the procedure. A \$500 deposit is required at time of scheduling in order to hold the date for your transplant. Our accepted methods of payment are cash, Visa, MasterCard, American Express, cashier's check, and wire transfers. If you wish to pay with a personal check you must do so 3 weeks prior to your procedure.

**No Personal Checks Date of Service!**

## **OVER THE COUNTER MEDICATIONS WHICH CONTAIN ASPIRIN OR NSAIDS**

**IF YOU ARE TAKING ANY OF THESE MEDICATIONS, STOP THEM 10 DAYS  
BEFORE SURGERY TO AVOID EXCESSIVE BLEEDING**

ASPIRIN (Bayer, St. Joseph, Children's)  
IBUPROFEN (Motrin, Advil, Midol)  
Alka-Seltzer Effervescent Pain Reliever & Antacid  
Alka-Seltzer Plus Cold Medicine  
Arthritis Strength Bufferin  
Ascriptin  
Aspergum  
Bayer Children's Chewable Aspirin  
Bristol-Meyer 4-Way Cold Tablets  
Bufferin  
Ecotrin Tablets (any type)  
Excedrin  
Goody's BC Headache Powders  
Momentum Muscular Backache Formula  
Naproxen (Aleve, Naprosyn)  
Fish Oil  
Vitamin E

**IF YOU ARE TAKING ANY OF THESE MEDICATIONS, STOP THEM 3 DAYS  
BEFORE SURGERY AFTER CLEARING WITH PRESCRIBING PHYSICIAN**

### **PRESCRIPTION BLOOD THINNERS**

Warfarin (Coumadin)  
Heparin  
Cox-2 inhibitors (Celebrex, Bextra, Vioxx)  
Clopidigrol (Plavix)  
Enoxaprin (Lovenox)  
Miradon  
Xarelto  
Pradaxa  
Eliquis

**IF YOU HAVE QUESTIONS ABOUT OTHER MEDICATIONS,  
PLEASE CALL US.**

## LAB INFORMATION

There are two ways to obtain your required lab work:

- You can go to your family doctor and have the labs ordered from the list below. This can cost over \$500 unless you can get your insurance to pay for it. **This is a cosmetic procedure so most do not cover it.**
- We have a contract with Clinical Pathology Laboratory. You will need to pay us **\$150** if you choose to go to this lab and they will bill us for the labwork. We will fax the orders directly to them so the tests will go under our contracted price. Please provide us with the location near you and their fax number.
- To find a lab in your area call 800-595-1275 (CPL)

R<sub>x</sub>

HIV Elisa Screen  
Hepatitis B Surface Antigen  
Hepatitis C Antibody  
Complete Blood Count (CBC)  
Comprehensive Metabolic Panel (CMP)  
PT / PTT / INR

\_\_\_\_\_*Jennifer Krejci-Manwaring MD*\_\_\_\_\_

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## THINGS TO PREPARE FOR **AFTER** YOUR TRANSPLANT

- We will supply all post op medications and supplies at the end of your procedure\*  
\*Triple Antibiotic Ointment (Neosporin) may need to be replenished before the end of post op recovery.
- You will need to plan for 7-10 days of recovery. The transplanted area will be reddish in color, fading gradually each day.
- Do not exercise or plan to do any strenuous activities for 7-10 days. This includes any water sports, golf, tennis, etc.
- You may experience facial swelling for 1- 4 days after the procedure. This is a normal part of the healing process and won't harm the grafts.
- We will discuss in full detail all other post op instructions upon the completion of your procedure and include printed instructions in your take home packet.

## CHOICE HOTELS FOR OUR PATIENTS

1. Estancia Del Norte, (210) 321-4811
  - Mention Limmer Hair Transplant Center for our discounted rate
  - Complimentary 24 Hour Shuttle Service
  - Complimentary self-parking
  - Lazo: In-house Restaurant- Classic Texas cuisine
  - Sorry, no pets
2. Aloft San Antonio Airport, (210) 541-8881 ext. 4908
  - Limmer HTC Rate: \$115.00 per night
  - Complimentary Shuttle Service 5:00 AM – 11:30 PM
  - Small snack bar or access to over 15 restaurants locally
  - Pet Friendly
3. Residence Inn by Marriott SA Airport/Alamo Heights, (800) 371-6349
  - Limmer HTC Rate: \$115.00 per night- Mention us by name for this rate
  - Airport Shuttle available upon request
  - Complimentary self-parking for Limmer HTC patients
  - Complimentary Hot Breakfast
  - Pet Friendly

**LIMMER HAIR TRANSPLANT CENTER**  
**PAYMENT POLICY AGREEMENT**

**Date of service we accept the following:** Cash , Visa, MasterCard, American Express, Cashier's Check, or Care Credit (3<sup>rd</sup> party financing company, must pre-apply)

If you are paying with a personal check payment is due in full 3 weeks prior to your surgery. **NO personal checks will be accepted the morning of your surgery.**

A \$500 deposit is required to confirm and hold your appointment date. This will be deducted from your balance. The cost of your procedure is due in full on the day of your procedure.

**A \$500 cancellation fee (per day) will be charged for "no shows" or if canceling your procedure less than two weeks (or 10 working days) in advance.** We understand that emergencies do occur, however, you will be asked to provide documentation for emergency circumstances if you are requesting a refund. If cancellation occurs prior to two weeks in advance, **we will hold the \$500 deposit to be used within 1 year of the date of cancellation.** After 1 year of cancellation, the deposit will be forfeited if we have not received a request for refund.

We will not refund the \$150 pre-op lab fee if you have already had labs drawn through our contracted labs and they have billed our account.

Please contact your credit card company to notify them if you need to increase your daily spending limit for the date of surgery. Most banks set a limit (per day) on your spending for security purposes and require a minimum of 24 hour notice in order to lift that amount.

We strongly suggest for our patients traveling from out of town arrive in San Antonio the night before your scheduled procedure. Attempting to fly the morning of your surgery puts you at risk of missing your appointment and forfeiting your deposit (\$500 per day). By planning to arrive the day prior, should there be any complications with airlines, flights, etc., there is still a window of time to make adjustments to your travel schedule.

Please contact our Team if you have ANY questions at [office@limmerhtc.com](mailto:office@limmerhtc.com).

**I acknowledge and agree to the Payment Policy as explained above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**\*\*Please sign and return prior to surgery. You may fax, or scan/photograph and email to us.**

**\* If we have not received your signed policy agreement, the receipt of your \$500 deposit will serve as acknowledgements of our policy.**

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**For money wires**

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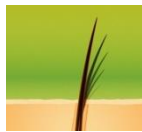
Vantage Bank Texas  
45 NE Loop 410, Suite 500  
San Antonio, TX 78216  
Phone (210) 408-5700

ROUTING #: **114912589**

For Credit To: DDA ACCOUNT **#2700614731**

ACCOUNT NAME: **Dr. Jennifer Krejci-Manwaring, M.D., P.A.**

AMOUNT: \$ \_\_\_\_\_



**L I M M E R**  
H A I R T R A N S P L A N T  
C E N T E R

**I N T E R N A T I O N A L**  
**H A I R**  
**I N S T I T U T E**

6810 West Ave Suite A  
San Antonio, TX 78213  
Phone (210) 496-9992  
Fax (210) 496-8003  
[hair@limmerhtc.com](mailto:hair@limmerhtc.com)