

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. We accept cash, Visa, MasterCard, American Express, Discover, cashier's check, wire transfers and Care Credit. 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_x

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_____

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, 210-366-2424

For best results, Contact Dorothy Tirona at: dorothy.tirona@hilton.com

Mention Limmer Hair Transplant Center

Complimentary 24-Hour Shuttle Service,

*Subject to availability during peak times

Complimentary self-parking

Lazo: In-house Restaurant- Classic Texas cuisine

Sorry, service animals only

2. Aloft San Antonio Airport, 210-253-8587

Contact Amanda Ozuna by direct line above or email:

amanda.ozuna@aloftsanantonioairport.com

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, 210-805-8118

Mention us by name for our discounted 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, Discover, Cashier's Check, or Care Credit/ Patient Fi (3rd party financing companies, *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 **10% 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.

Your deposit will be forfeited for "no shows" or cancelled 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 10% deposit to be used for a procedure 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.

The \$150 pre-op lab fee is not refundable if you have already had labs drawn through our office or contracted lab (CPL) as they have already 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 hours' notice in order to lift that amount.

We strongly suggest that 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 (10% per scheduled 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.

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 10% deposit will serve as acknowledgement of our policy.**
