



image • beauty • transformation

# Bitar Cosmetic Surgery Institute

*George John Bitar, M.D., Medical Director*

Board Certified Plastic Surgeon  
Cosmetic & Reconstructive Plastic Surgery

(t)703-206-0506  
(f)703-206-9157

gbitar007@aol.com  
[www.drbitar.com](http://www.drbitar.com)

Today's Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Preferred name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ email address: \_\_\_\_\_

(by listing you give us consent to contact you via email)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

What number would you like us to reach you? \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Employer \_\_\_\_\_ Occupation? \_\_\_\_\_

Employer's Address \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you hear about us?

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor Referral- name _____            | <input type="checkbox"/> Internet                     |
| <input type="checkbox"/> Friend/Relative- name _____            | <input type="checkbox"/> YourPlasticSurgery Guide.com |
| <input type="checkbox"/> Magazine _____                         | <input type="checkbox"/> PerfectYourself.com          |
| <input type="checkbox"/> Washingtonian Magazine                 | <input type="checkbox"/> ObesityHelp.com              |
| <input type="checkbox"/> Your Health Magazine                   | <input type="checkbox"/> Breast Implants 411.com      |
| <input type="checkbox"/> Washington Life                        | <input type="checkbox"/> Empowered Doctor.com         |
| <input type="checkbox"/> DC Magazine                            | <input type="checkbox"/> Google                       |
| <input type="checkbox"/> Yellow Pages- of which region? _____   | <input type="checkbox"/> Yahoo                        |
| <input type="checkbox"/> Community Book- of which region? _____ | <input type="checkbox"/> MSN                          |
| <input type="checkbox"/> Other (please specify) _____           | <input type="checkbox"/> Search engine words _____    |

What would you like to discuss with Dr. Bitar? \_\_\_\_\_

Emergency Contact (nearest relative or neighbor not living with you):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Prosperity Medical Center  
8501 Arlington Blvd., Suite 500  
Fairfax, VA 22031

Lofty Salon & Wellness Center  
354 West Maple Avenue  
Vienna, VA 22180

Prince William Hospital  
8650 Sudley Rd., Suite 203  
Manassas, VA 20110



image • beauty • transformation

# Bitar Cosmetic Surgery Institute

*George John Bitar, M.D., Medical Director*

Board Certified Plastic Surgeon  
Cosmetic & Reconstructive Plastic Surgery

(t)703-206-0506  
(f)703-206-9157

gbitar007@aol.com  
[www.drbitar.com](http://www.drbitar.com)

**Please list all medications you are currently taking:**

Name	Dosage	Frequency
1. _____		
2. _____		
3. _____		
4. _____		

Do you have any drug allergies/sensitivities? If so please describe symptoms:

\_\_\_\_\_

Any allergy/reaction to Tetanus shots/boosters in the past? \_\_\_\_\_

Are you allergic to anesthesia? \_\_\_\_\_

Are you allergic to latex, tape? \_\_\_\_\_

Do you have any bleeding tendencies? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Pack(s)/day? \_\_\_\_\_ Number of years? \_\_\_\_\_

Do you drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

### **For Women Only**

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

**Please Note:** You cannot have surgery if you are pregnant! Please inform us if you are pregnant!

Birth control method used \_\_\_\_\_ Number of pregnancies \_\_\_\_\_

Type of delivery? \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of children? \_\_\_\_\_

Last Mammogram Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Have you ever had breast cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had cervical cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ ovarian cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

Prosperity Medical Center  
8501 Arlington Blvd., Suite 500  
Fairfax, VA 22031

Lofty Salon & Wellness Center  
354 West Maple Avenue  
Vienna, VA 22180

Prince William Hospital  
8650 Sudley Rd., Suite 203  
Manassas, VA 20110



image • beauty • transformation

# Bitar Cosmetic Surgery Institute

*George John Bitar, M.D., Medical Director*

Board Certified Plastic Surgeon  
Cosmetic & Reconstructive Plastic Surgery

(t)703-206-0506  
(f)703-206-9157

gbitar007@aol.com  
[www.drbitar.com](http://www.drbitar.com)

Do you have any medical problems? Please list any past history of serious illnesses, current or chronic conditions?

---

---

---

Please list any previous surgeries, and their dates, **including any cosmetic surgeries**, which you have had:

---

---

---

Do you presently have or have you ever experienced any of the following (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Abnormal bleeding   | <input type="checkbox"/> Chicken Pox                 |
| <input type="checkbox"/> Glaucoma            | <input type="checkbox"/> Low Blood Pressure          |
| <input type="checkbox"/> Aids                | <input type="checkbox"/> Colitis                     |
| <input type="checkbox"/> Hay Fever           | <input type="checkbox"/> Lupus                       |
| <input type="checkbox"/> Alcohol Abuse       | <input type="checkbox"/> Diabetes                    |
| <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Mental Illness              |
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Drug Abuse                  |
| <input type="checkbox"/> Hemophilia          | <input type="checkbox"/> Mitral Valve Prolapse       |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Emphysema                   |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Epilepsy or Seizure history |
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Liver Problems              |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Fever Blisters              |
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Kidney Problems             |

I authorize release of any information to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being scheduled for surgery, we may disclose your medical information to a surgical scheduler at the hospital in order to coordinate your care.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

Prosperity Medical Center  
8501 Arlington Blvd., Suite 500  
Fairfax, VA 22031

Lofty Salon & Wellness Center  
354 West Maple Avenue  
Vienna, VA 22180

Prince William Hospital  
8650 Sudley Rd., Suite 203  
Manassas, VA 20110