

**Request for Quote – Cosmetic Surgery**

**Name:**

**Address:**

**Contact Number:**

**Email Address:**

**Surgeries you are considering:**

**Age and Date of Birth:**

**Height:**

**Weight:**

**Past surgeries and dates:**

**Did you have any complications from the surgeries or anesthetic? If so, please provide more detail:**

**List any past or present serious illnesses and/or medical conditions:**

**Females Only: Have you had any pregnancies? If yes, how many and were the births natural or C-section?**

**Current medications both Rx and over the counter:**

**Do you have any allergies both medication and environment, if yes, list:**

**Do you smoke or vape? If yes how many per day on average?**

**Do you use any recreational drugs? If yes, what and how often?**

**Do you drink alcoholic beverages? If yes, what and how often?**

**Month and year, you are hoping to have surgery?**

**I would like a quote from Dominican, Mexico, or both locations:**

**Do you give consent to add your email address to our data base for the sole purpose of sharing upcoming special offers and promotions?**

**Your information is kept strictly private and confidential and will not be shared with any third-party sources.**

Please submit photos and completed form to Jen at jen@cosmetictravelsolutions.com