Preoperative Instructions

To ensure your safety and a successful outcome please read and initial all information pertaining to your upcoming surgery. Patient care and safety is your doctor's number one Priority. Failure to adhere to preoperative instructions may result in a postponement of your surgical procedure.

Smoking and Medications
We ask that you do not smoke two weeks prior to the surgical event. Suspend all Aspirin and Non Steroid Anti Inflammatory medications 14 days before the procedure. Anti-clotting drugs should be suspended two days prior to surgery, unless otherwise indicated by treating physician. All other prescription medications should be communicated to your surgeon's team on your health questionnaire or your local physician prior to your scheduling.
Initials: (_____)

Pre-Surgical Weight
Precise weight and height are of essential importance. Your surgeon cannot accept an approximate weight. Please obtain an accurate weight from your family physician or use a reliable scale. If your true weight is not provided or you have gained a significant amount of weight during the time your surgery was scheduled and the time of your arrival, your surgeon may postpone your surgery.
Initials: (_____)

Health Questionnaire:
Once completed, the health questionnaire should be faxed to 916-914-2108 as soon as possible for the Doctors to review. It is essential all information on the Health Questionnaire is complete and correct. This information enables the Doctors to prepare for your surgery and schedule the necessary preoperative tests. If additional information is required, your surgeon's office will contact you.
Initials: (_____)

Prior to Surgery:
Please take a laxative of your choice 3 days before your scheduled procedure. Please only take clear liquids after taking your laxative. A fasting period of at least 12 hours is required for the Blood work-up and to perform the surgical procedure. Please take note that bingeing before this surgical procedure can slow down your recovery time and even complicate it with bloating, diarrhea and other symptoms. Initials: (_____)

Travel Tips:
Your return date given is an approximate date. If possible, it's best to purchase an airline ticket without restrictions in the event the doctor would like to monitor your condition longer than usual.

Travel Light. Your stay will involve a 12 to 72 hours at the hospital and an additional 24 - 48 hours more at the Hotel (depending upon which surgery you are having). Don't forget to pack personal hygiene products (tooth brush, paste, shampoo etc), robe, pajamas, sandals and slippers. Dress for comfort. Loose clothing is best.

Travel Documents:

All U.S. citizens must show **proof of identity** and **proof of U.S. citizenship** when entering the United States from Mexico. You must have a valid I.D. issued by the United States of America Government such as a Valid International Passport, **or** U.S. Passport Card **or** a trusted traveler card such as NEXUS, SENTRI or FAST, or an enhanced driver's license. Other document options are listed on this website:
http://www.cbp.gov/xp/cgov/travel/ Initials: (_____)

Arrival / Departure Information:

Your flight schedule should be e-mailed or faxed as soon as available to the information above. Please schedule your arrival before 10:00 am and when possible schedule your departure flight after 11:00am to allow enough time to cross the border and get to the airport on time. Please let us know if these arrival/departure times are not possible. You will be given further instructions regarding your pick up a few days prior to your scheduled arrival.
Initials: (_____)

Arrival instructions for clients taking advantage of one of our special pricing packages: You will need to arrive at the San Diego Airport by 8:00 am the morning of your surgery. If you cannot arrive that early the same day, you will need to plan to arrive the day before and stay in San Diego at your own expense. We recommend staying at the Hampton Inn 619-233-8408 San Diego Airport Hotel. We have a special rate of $89 plus tax. Tell them your stay is for Weight Loss Services and give them corporate code 0002723395. They have an airport shuttle that will take you to your hotel. Our driver will then pick you up from your hotel in the morning. Initials: (_____)

Accommodations:

Up to 2 nights, (depending on which procedure you have) double occupancy room at the Hotel is provided for your stay and included in the cost of the basic package. All incidentals are responsibility of the patient. If you would like to stay an additional night, or book an additional room, please let us know as we have a special rate of $90. per night available to you. If another person will be accompanying you, that person will be responsible for the cost of their hotel accommodations (at our special rate) during your stay in the hospital.

Initials: (_____)

Medical Questions:

If you have any medical questions or concerns regarding your condition, medications or any other medical questions **after** surgery, you will need to
contact your surgeon's office. You will be given a phone number to reach your surgeon's office (24 hours a day – 7 days a week). Initials: (_____)

Payment:

A total of $5500.00 US dollars (patients with a BMI above 50 will incur an additional charge) is the cost of the basic Vertical Sleeve Gastrectomy surgery with Dr. J. Ricardo Ramos Kelly in Tijuana, Mexico**. (this special price is good for surgery scheduled for the months of May, June and July 2011 only)**

This price includes ground transportation to and from the San Diego Airport, hotel and hospital and Preoperative work-up and evaluations, the hospital costs and surgical group. This cost is limited to the above and will not cover other charges or events that may require additional surgery and/or treatments. Moreover, additional costs may be incurred by certain high risk or very high BMI patients that may need additional testing, medications and/or treatments or additional days of hospitalization. Additional fees are due at the time of hospital discharge. **All fees stated include a cash discount. A 2% - 3% additional fee is required for Credit Card or Financed payments.** Initials: (_____)

Deposits

A deposit of $1000. (U.S. Dollars) must be received within 5 days of the scheduling of your surgery date. An additional payment of $1000. is due at least 7 days prior to surgery. Deposit payments should be made payable to: Bravo Development Group, LLC. Payments may be made via any of the payment forms listed below or by sending a personal check (If you pay your deposit with a personal check, it must be received within 5 days of scheduling **and** 21 or more days prior to surgery). Please fax a copy of wire or direct deposit receipts to 916-914-2108 to ensure proper credit. The deposit is fully refundable if surgery is cancelled for any reason more than 21 days before the surgery date. Due to the surgery preparation costs (hotel reservations, transportation, OR time and hospital space) and in fairness to other patients, surgery dates that are cancelled less than 21 days before surgery but more than 8 days will result in the loss of $500 of the deposit. In the event surgery is postponed less than 21 days of the original surgery date, the deposit may be applied to a future surgery date for good cause as determined by and at the discretion of management.
Initials: (_____)

Canadian clients will need to make payment using traveler's checks or by credit card. Initials: (_____)

If surgery is cancelled less than 7 days prior to the procedure, this may result in the loss of the entire deposit. We will make every attempt to return any unused deposit, but we cannot guarantee this. Initials: (_____)

If surgery is cancelled due to the failure of the patient to follow pre-operative instructions given by a member of the medical staff, this may result in the loss of the full amount of the surgery deposit. Initials: (_____)

If it is determined that surgery must be postponed due to a medical conditiondiscovered during the patient's pre-operative studies, any unused portion of the deposit will be applied to a future surgery. If it is medically determined that the patient cannot safely be scheduled for a future surgery date, any unused amount
of the deposit will be refunded to the patient. **Deposit checks should be made payable and mailed to:**

Bravo Development Group, LLC c/o Sandy Johnston 6516 Star Bird Ct, Elk Grove, CA 95758 We also accept VISA, Mastercard, American Express and Discover. For

online payments, go to: https://secure.bluehost.com/~sacrame4/bravodevelopment/payment.php (an additional 3% charge is assessed on credit card payments).
Initials: (_____)

Balance of payment and Payment Methods
The balance of payments should be **received at least 7 days prior to your surgery date**. Payments may be wire transferred or directly deposited (certified funds) to Wells Fargo Bank, Laguna Blvd Branch, 5120 Laguna Blvd, Elk Grove, CA. 95758 (916-684-7801) Account # 5004192398 - Routing # 121000248. Account is under the name of Bravo Development Group, LLC. Please fax a copy of your wire transfer or direct deposit receipt to ensure proper credit. If you plan to finance any portion of the fee, please ensure all necessary loan documents have been completed, and our office has received the completion documents from the finance company at least 7 days prior to your arrival. In the event that you decide to bring a **check for the balance**, it must be certified funds, (cashier's check, official bank check, etc.) Please make out the cashier's check for **final payment to: J. Ricardo Ramos Kelly M.D.** Please fax a copy of final payment check to us to ensure the check has the correct pay to name. Final payments may also make payment by VISA, MasterCard, American Express or Discover (an additional fee of 3% is assessed for credit card payments).
Initials: (_____)

Fees stated do not include personal items, or needs of the client's travel companion. We suggest you bring a small amount of cash for incidentals for yourself or your travel companion. You may also want to bring cash for shopping or tipping of bell persons or drivers, at your discretion. Initials: (_____)

Procedure:
Before you are admitted to the hospital you will undergo a thorough preoperative evaluation that is required for your safety. If additional studies are required they will be performed or indicated. Though highly unlikely, advanced studies may require a postponing of the surgical procedure and may also require additional cost. Initials: (_____)

Obese patients have a higher complication rate than the normal patient population. Due to the nature of Surgery in general, complications may arise. Your surgeon's team is composed of experts in their field and the preoperative assessment and surgical team are prepared to avoid and resolve any incident that may arise. If the procedure is not able to proceed via laparoscopic (key hole surgery) a formal incision may be required to complete the procedure for your safety. It will not alter the result of your procedure and should not be considered a complication, but only a change in the surgical approach. If for any reason, anesthetic, surgical or other impediment should occur during the procedure, no other alternative surgical or non-surgical method will be performed.
Initials: (_____)

General Instructions:

Patient care and safety is your doctor's number one Priority. Failure to adhere to preoperative instructions may result in a postponement of your surgical procedure.
Initials: (_____)

Patients may request a copy of lab or other pre-operative test results before returning home. The labs or other facilities sometimes destroy test results after the patient has returned home making it impossible to request the information later. Initials: (___)

I have read and understand the following:
I am aware that all surgeries carry potential risks and complications. I am not relying on any statements made or implied by Bravo Development Group, LLC, DBA: aLighterMe Mexico Weight Loss Surgery and their employees as I understand that they are not medical doctors. My decision to have this procedure performed is based on my own research and advice received from my licensed medical physician. I agree to hold harmless and release from all liability Bravo Development Group, LLC and anyone employed by them.

Initials: (___)

Please sign that you have read the above information regarding your and fax this along with your health questionnaire to 916-914-2108

Patient Name (please print) _____

Patient Signature _____

Date 5-5-11