





# MISSION PLASTICOS

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Non-Profit Tax ID# 33-0831358

## Reshaping Lives California

### Guidelines/Application

Patients may be referred for **outpatient, low risk & medically necessary procedures.**  
(Available services depend on availability of volunteer doctors)

In order to qualify, a patient must:

- Not have health insurance or be underinsured.
- Be ineligible for any publicly sponsored insurance including Medi-Cal, Medicare, Healthy Families
- Earn less than 250% of the Federal Poverty Level: \$31,500 for individual, \$61,500 for family of four.
- Not require ongoing care by surgeon for successful recovery

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ English Speaker in household?  Yes  No

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F

Surgical Procedure Requested: \_\_\_\_\_

Circle all existing or past conditions:

Heart Disease    Stroke    Hypertension    Lung Disease    Kidney Disease    Diabetes    Cancer

Family History of Cancer    Active Substance Abuse    History of Substance Abuse

Other \_\_\_\_\_ Previous hospitalizations: \_\_\_\_\_

Mental Illness?  Yes  No Treated?  Yes  No

Previous Anesthesia?  Yes  No  Not Known If yes, any complications?  Yes  No  Not Known

If yes, please describe: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_