



# Mission Plasticos

Treat. Train. Transform.

8502 E. Chapman Ave. · Suite 447 · Orange · CA · 92869  
(714) 769-9974 · [info@missionplasticos.org](mailto:info@missionplasticos.org) · [www.missionplasticos.org](http://www.missionplasticos.org)  
Non-Profit Tax ID# 33-0831358

## RESHAPING LIVES CALIFORNIA



Each year, thousands of men, women and children are unable to receive life-changing surgical care for many reasons. Mission Plasticos provides reconstructive surgical care, free of charge, to uninsured and underinsured patients through the Reshaping Lives California program.

If you, a family member, or someone you know is seeking reconstructive surgery and meets the following criteria, they may qualify for the program.

- *Earn less than \$31,500 for an individual or \$61,500 for a family of four*
- *No health insurance, surgery not covered by insurance or unable to afford co-pay*
- *Ineligible for any publicly sponsored programs that would provide surgery, including Medi-Cal, Medicare, Healthy Families*

***We also offer breast reconstruction surgery to patients who had breast cancer with no radiotherapy!***



If you meet the criteria, please contact Mission Plasticos to schedule an appointment for a screening visit. Potential patients need to be evaluated by a Mission Plasticos doctor to be eligible for surgery. The screening clinics are offered four times each year.

**Please contact Mission Plasticos at 714-769-9974 or email us at [info@missionplasticos.org](mailto:info@missionplasticos.org)**

### • Patient Testimonial •

*“I am so blessed to have been a beneficiary of the services of Mission Plasticos. Not only did they perform a life-saving procedure on me at no financial cost to me, but absolutely everyone with whom I worked through the whole process; from the initial application and consultation, through the surgical procedure itself, and the post-op follow-ups, were consummate skilled professionals, and demonstrated truly authentic care and compassion as well. I will be forever grateful to this organization.”*

*M. Karene*



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## 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: \_\_\_\_\_