



MissionPlastics

Treat. Train. Transform.

Providing No-cost Reconstructive Surgery for People in the U.S. Living in Poverty



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

In October of 2021 Mission Plastics' Reshaping Lives America partnered with Sientra to create **Reshaping Lives: Full Circle™** — the first large-scale nationwide program providing **no-cost breast reconstructive surgery for post-mastectomy women in the U.S. living in poverty**. The program pairs volunteer board-certified plastic surgeons with U.S. patients in need, and is rooted in our belief that **every woman deserves a full journey of care**, regardless of her economic situation.

Patients seeking reconstructive surgery must meet the following criteria to qualify for the program:

- Earn less than \$33,975 for an individual or \$69,375 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, or Healthy Families

Additionally, all potential patients will need to be evaluated by a Mission Plastics doctor to determine eligibility for surgery.

If you, a family member, or someone you know is interested in reconstructive surgery and meet the above criteria, please contact Mission Plastics to schedule an appointment for a screening visit.

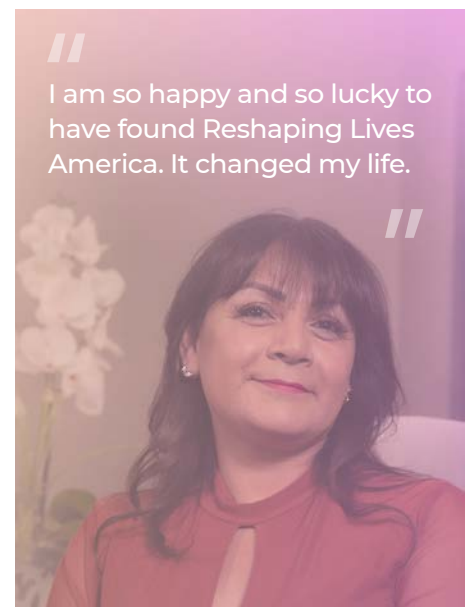
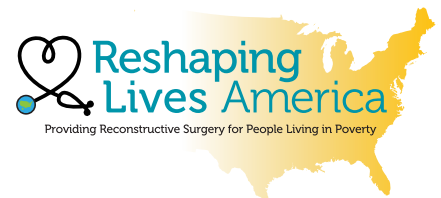
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I am so happy and so lucky to have found Reshaping Lives America. It changed my life.

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Unis, breast cancer survivor, Reshaping Lives reconstruction patient

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: \$33,975 for individual, \$69,375 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:** Female Male

Surgical procedure requested: _____

Indicate 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: _____

Please list any medications you are currently taking: _____

Allergies: _____

Weight: _____ **Height:** _____ **BMI:** _____