



**DEPARTMENT OF THE ARMY**  
Womack Army Medical Center  
FORT BRAGG, NORTH CAROLINA 28310

REPLY TO  
ATTENTION OF

MCXC-DOS-GS

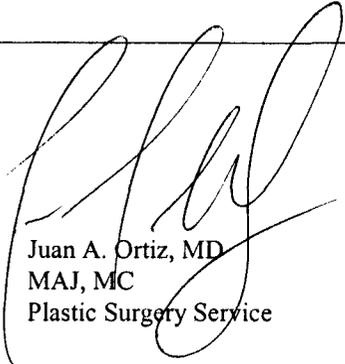
November 22, 2010

The services of Plastic and Reconstructive Surgery service is critical for the health care and well being of the service members and dependants of the US army and other services within the Fort Bragg Community. The services provided are unique and very specialized ranging from treatment of skin cancers, soft tissue reconstruction, congenital malformations, breast reconstruction after treatment for breast cancer, craniofacial trauma, hand and extremity reconstruction. Some crossover between this needs and cosmetic surgery exists so the Department of Defense and the US Army allows for limited cosmetic surgery services to be provided allowing for the surgeons to maintain their skills. So please be aware of the following when seeing your doctor today:

- 1) Cosmetic surgery is totally elective
- 2) There is limited operating room availability for these procedures. In special cases it may have to be rescheduled if a case of higher priority (i.e. breast reconstruction) needs to be scheduled.
- 3) The Department of Defense has imposed cosmetic fee's that have to be fully paid prior to scheduling cosmetic surgery. These fees are comparable to those in the surrounding areas of North Carolina.
- 4) Cosmetic surgery will be scheduled when the surgeon has determined that the patient is a suitable candidate.
- 5) The following are a few examples of cosmetic surgery:
  - a. Any enhancing breast surgery (i.e. breast augmentation, lifts, etc...)
  - b. Abdominoplasty
  - c. Liposuction
  - d. Rhinoplasty ("Nose job")
  - e. Facelifts
  - f. Botox or fillers
  - g. Skin tightening procedure (i.e. lasers or chemical peels)
  - h. Hair transplant or hair removal

Please understand that this is necessary In order to maximize the available of very limited resources. Please address any concerns with your surgeon during your evaluation he will be glad to clarify any questions.

Patient name (Print/Sign) and date: \_\_\_\_\_

  
Juan A. Ortiz, MD  
MAJ, MC  
Plastic Surgery Service