

AAFPRS Foundation FACE TO FACE Program Veterans Initiative

Yes, I will participate in the AAFPRS Foundation's Pro Bono Program for wounded veterans.

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail: _____

By signing this, the volunteer surgeon agrees that any compensation for services will be limited to any available insurance (the veteran will not be billed) and if none exists, care will be 100% pro bono. Also costs for the facility and anesthesia care will be covered either by any available insurance, or from donations made by the facility, anesthesia personnel, or other interested entity. It will be the responsibility of the volunteer surgeon to obtain cooperation from other participating caregiver entities. Signature _____

Please indicate your membership status with AAFPRS.

Fellow Member Associate Member

Please check the following procedures/surgeries which you would be willing to perform if needed:

- | | |
|--|--|
| <input type="checkbox"/> Simple Scar Revisions | <input type="checkbox"/> Orbital Floor Fracture management, revision |
| <input type="checkbox"/> Soft Tissue Implants and Fillers | <input type="checkbox"/> Complex Eyelid reconstruction |
| <input type="checkbox"/> Simple Eyelid Reconstruction/revision | <input type="checkbox"/> Ectropion repair, (canthoplasty, cantopexy) |
| <input type="checkbox"/> Brow Lift (example: brow ptosis, paralysis) | <input type="checkbox"/> Management of Burn Injuries, limited |
| <input type="checkbox"/> Facelift: (example, facial paralysis) | <input type="checkbox"/> Management of Burn injuries, full face |
| <input type="checkbox"/> Rhinoplasty | <input type="checkbox"/> Reconstruction of the Brow |
| <input type="checkbox"/> Midface Lift: example facial ptosis, deficit, lower lid laxity | <input type="checkbox"/> Mandibular Reconstruction (Complex, with dental rehabilitation) |
| <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Mandibular Reconstruction (Simple) |
| <input type="checkbox"/> Eyelid Ptosis Repair | <input type="checkbox"/> Bone grafts |
| <input type="checkbox"/> Chemodenervation | <input type="checkbox"/> Zygomaticomaxillary complex and midface reconstruction |
| <input type="checkbox"/> Otoplasty | <input type="checkbox"/> Facial Reanimation and rehabilitation (dynamic/static slings, gold weight implants, lower lid etc.) |
| <input type="checkbox"/> Skin Grafts | <input type="checkbox"/> Nerve Grafting and rehabilitation |
| <input type="checkbox"/> Dermabrasion | <input type="checkbox"/> Lip Reconstruction |
| <input type="checkbox"/> Laser scar revision (including hyperemic scars/lesions) | <input type="checkbox"/> Cheek reconstruction, (implants) |
| <input type="checkbox"/> Genioplasty | <input type="checkbox"/> Cheek reconstruction, (severe soft tissue or bone deficit) |
| <input type="checkbox"/> Malar Augmentation | <input type="checkbox"/> Tissue Expanders |
| <input type="checkbox"/> Complex Scar Revisions | <input type="checkbox"/> Major Cranioplasty (Primary or revision) |
| <input type="checkbox"/> Complex Facial Fracture Management and Revision, old fractures | <input type="checkbox"/> Frontal Sinus Fractures (Old) |
| <input type="checkbox"/> Nasal Reconstruction, major | <input type="checkbox"/> Management of Major Scalp Injuries |
| <input type="checkbox"/> Nasal Reconstruction, major or near complete | <input type="checkbox"/> Oral and Oropharyngeal Reconstruction (with rehabilitation, speech and swallow therapy) |
| <input type="checkbox"/> Free Tissue Transfer for reconstruction, includes free flaps | <input type="checkbox"/> Tracheoplasty (Includes repair of tracheal stenosis) |
| <input type="checkbox"/> Complex prosthetics for reconstruction (to include oral (obturation) and facial (nose, orbit, or aural) | |
| <input type="checkbox"/> Management of old Nasoethmoid Fractures | |
| <input type="checkbox"/> Auricular Reconstruction, Total | |
| <input type="checkbox"/> Auricular Reconstruction, Partial | |

**Please FAX this form to the AAFPRS
Foundation at (703) 299-8898.**

Thank you for your participation and support
of the AAFPRS Foundation.