

Surgical Fee Quote

Patient Name: _____ Date: _____

Procedure(s):

Fee(s):

\$ _____

\$ _____

\$ _____

\$ _____

Operating Room Fee:

Included

Anesthesia Fee:

Included

Total Surgical Cost:

\$ _____

Less: Consultation Fee:

\$ _____

50% Deposit: (due when surgery is scheduled)

\$ _____

Balance due one week prior to surgery:

\$ _____

This surgical fee quote is good for up to 6 months from today's date.