

## **VINCENT C. HUNG, M.D.**

Dr. Vincent C. Hung is a plastic surgeon with unique credentials. A graduate of Stanford University, he received his medical degree from the University of California San Francisco, School of Medicine. Prior to becoming a plastic surgeon, he trained and became board-certified in internal medicine and dermatology. In addition, Dr. Hung completed a fellowship for the specialized technique of the removal of skin cancer at the University of Pittsburgh. This procedure, called the “Mohs micrographic technique”, has the highest success rate for the removal of skin cancer.

To complement his background in skin cancer, Dr. Hung elected to leave his position as Director of the Mohs program at the University of Southern California and retrained as a plastic surgeon. He was admitted to the prestigious general and plastic surgery program at the University of Southern California. Dr. Hung culminated his extensive training by accepting fellowships at Stanford University and the Rancho Los Amigos Medical Center, where he trained in cleft lip and palate surgery, burn reconstruction, and oculoplastic, aesthetic and endoscopic surgery. Dr. Hung is board-certified in plastic and reconstructive surgery.

Today, as a physician in private practice, Dr. Hung practices the entire breadth of plastic and reconstructive surgery and is unique in that he is the only plastic surgeon in the U.S. who is also trained in dermatology and Mohs skin cancer surgery. His specific interests include skin cancer surgery and reconstruction, oculoplastic surgery, burn reconstruction, and aesthetic and laser surgery.

VINCENT C. HUNG, M.D., F.A.C.S., INC.

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**PATIENT INFORMATION FORM**

MR. DRIVERS LICENSE \_\_\_\_\_  
MRS. SEX: M F  
MISS SS# \_\_\_\_\_  
NAME \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_

MARITAL STATUS: \_\_MARRIED \_\_SINGLE \_\_DIVORCED \_\_SEPARATED \_\_WIDOW \_\_MINOR

EMPLOYED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE/PARENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WHO TO NOTIFY IN AN EMERGENCY? \_\_\_\_\_ PHONE \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

HOW DO YOU INTEND TO PAY: \_\_CASH \_\_CHECK \_\_CREDIT CARD \_\_INSURANCE \_\_MEDICARE

NAME OF INSURANCE CO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NAME \_\_\_\_\_

REASON FOR VISIT: \_\_ILLNESS \_\_INJURY \_\_JOB RELATED INJURY \_\_AUTO ACCIDENT  
\_\_PERSONAL \_\_OTHER

DATE OF INJURY OR ONSET OF PROBLEM: \_\_\_\_/\_\_\_\_/\_\_\_\_ MAJOR COMPLAINT \_\_\_\_\_

**IF SOMEONE OTHER THAN THE PATIENT IS RESPONSIBLE FOR PAYMENT**

NAME OF RESPONSIBLE PARTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_ HM PHONE \_\_\_\_\_

**IF YOUR INJURY IS JOB RELATED**

NAME OF PERSON WHO CAN AUTHORIZE TREATMENT \_\_\_\_\_

COMPANY'S INSURANCE CARRIER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CARRIER PHONE NUMBER \_\_\_\_\_ OK'D BY \_\_\_\_\_

**PLEASE SIGN AND RETURN TO RECEPTIONIST**

I, the undersigned, have insurance coverage with \_\_\_\_\_ and assign directly to

**NAME OF INSURANCE CARRIER**

\_\_\_\_\_ all surgical and/or medical benefits, if any, otherwise payable to me for services rendered.

**NAME OF DOCTOR**

I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits.

Date \_\_\_\_\_ Signed \_\_\_\_\_

VINCENT C. HUNG, M.D., F.A.C.S.

PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Referred by:  self/friend  Dr. \_\_\_\_\_
Date: \_\_\_\_\_
Home phone: \_\_\_\_\_ Emergency name/phone other than your home: \_\_\_\_\_
Reason for today's visit:  Mohs  Follow up  Other

History of today's problem: Skin areas involved: \_\_\_\_\_

How long has the problem been present: \_\_\_\_\_

Was there any previous treatment?  yes  no When? \_\_\_\_\_ Type of treatment:  burning  excision
 radiation  other

Was a biopsy done?  yes  no  biopsy done by referring doctor  other  liquid nitrogen

CHECK ALL THAT APPLY TO TODAY'S PROBLEM

Table with 4 columns: Quality, Modifying Factors, Associated Symptoms, Severity. Rows include checkboxes for size, color, elevation, hardness, other, none, X-ray treatments, UV light treatments, arsenic exp/treatments, chronic scar, immunosuppression, none, bleeding, pain, tingling, ulceration, infection, itching, other, no symptoms, occasional symptoms, constant symptoms.

SYSTEMS REVIEW: Check all that apply regarding your health and add other important problems

Medications: Allergic to any medications?  none  yes list them: \_\_\_\_\_
On any medication now?  none  yes list them: \_\_\_\_\_
On any blood thinners?  none  yes last taken: \_\_\_\_\_
Are you taking any Aspirin or Aspirin like products (e.g. Aleve, Bufferin, Motrin)  no  yes last taken: \_\_\_\_\_

Table with 4 columns: Skin, Hematologic/Lymphatic, Constitutional Symptom, Eyes/Ears/Nose/Throat; Cardiovascular, Respiratory, Gastrointestinal, Musculoskeletal. Rows include checkboxes for various medical conditions like abnormal scarring, anemia, weight loss, normal, etc.

Table with 4 columns: Neurological, Psychiatric, Endocrine, Infections. Rows include checkboxes for normal, stroke, seizures, depression, anxiety attacks, diabetes, thyroid, normal, other, etc.

HISTORY: Previous skin cancer:  none  see chart  List: location/date: \_\_\_\_\_
Major illness or hospitalizations:  none  List: \_\_\_\_\_

Do you take antibiotics prior to dental or other procedures?  yes  no If yes, what? \_\_\_\_\_

Family History: Skin cancer:  none  melanoma  basal cell  squamous cell  list: \_\_\_\_\_

Social History: Occupation: \_\_\_\_\_ Marital status:  S  M  D  W
Do you: wear:  dentures  glasses  contact lenses smoke:  no  former  packs per day \_\_\_\_\_
drink alcohol:  no  social / occasional drinking only

Alcohol or drug problems / addictions:  none  yes, describe \_\_\_\_\_

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**Patient Consent for Use and Disclosure of Protected Health Information**

The purpose of this form is to comply with the Federal Government mandate to protect patient privacy.

With my consent, Vincent C. Hung, M.D., may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Vincent C. Hung, M.D.'s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Vincent C. Hung, M.D. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Vincent C. Hung, M.D. Group Privacy Officer at 1501 Superior Ave., Suite 208, Newport Beach, California 92663.

With my consent, Vincent C. Hung, M.D. may call my home or other designated locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results, among others.

With my consent, Vincent C. Hung, M.D. may mail to my home or other designated locations any items that assist the practice in carrying out TPO, such as appointment reminder cards and correspondence.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient or authorized person)

TO:

DATE :

The following list of medications contains ingredients which may cause bleeding after surgery. Any and all drugs that you are taking **MUST** be reported to our office a minimum of 2 weeks prior to your surgery. If you take any of these medications for **NON-MEDICAL REASONS ONLY**, we prefer you discontinue them 10 days prior to your surgery. You may take Tylenol for pain/headache if necessary.

**NOTE: IF YOU ARE TAKING ASPIRIN, COUMADIN/WARFARIN, PLAVIX, CELEBREX, OR VIOXX DO NOT DISCONTINUE ANY OF THESE UNLESS YOU ARE INSTRUCTED/NOTIFIED BY OUR OFFICE AND/OR YOUR PHYSICIAN. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.**

***Over-the-counter medications:***

Aleve	Advil	Ansaid	Aspirin
Alka-seltzer	Anacin	Aspergum	Bayer
Bufferin	Comtrex	Dristan	Ecotrin
Equagesic	Esgic	Excedrin	Goody's Powder
Midrin	Naprosyn	Panadol	St. Joseph's Aspirin
St. Joseph's Cold Tabs	Saleto	Sinubid	Triaminicin
Datril	Doan's Pills	Motrin	

***Prescription medications:***

Anaprox	Cinoril	Feldene	Fioricet
Fiorinal	Indocin	Indomethicin	Norgesic
Ordusi	Parfon	Peristin	Robaxisol
Stadol	Talwin	Darvon	Dolobid
Mobigestic	Voltaren		

***Herbal supplements:***

Garlic Pills	Ginseng	Ginger	Ginko
Vitamin E	Echinacea	Kava	St. John's Wart
Valerian			

***Miscellaneous:*** Alcohol Smoking

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### **NOTICE OF PRIVACY PRACTICES**

It is the policy of our practice that Dr. Vincent C. Hung, M.D., and staff will preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and Dr. Hung and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to our practice, Dr. Hung, and staff for the purpose of treatment, payment and healthcare operations (TPO). To that end, our practice and Dr. Hung and staff will:

Adhere to the standards set forth in the Notice of Privacy Practices.

Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for uses outside of the practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the patient.

Use and disclose PHI to remind patients of their appointments only with their consent.

Recognize that PHI collected about patients must be accurate, timely, complete, and available when needed. Our practice and Dr. Hung and staff will:

- Implement reasonable measures to protect the integrity of all PHI maintained about patients.
- Recognize that patients have a right to privacy. Our practice and Dr. Hung and staff will respect the patient's individual dignity at all times. Our practice and its physicians and staff will respect patients' privacy in order to provide the highest quality medical care possible and to efficiently administer TPO.
- Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and Dr. Hung and staff will:
  - Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
  - Not disclose PHI data unless the patient (or his or her authorized representative) has properly consented to or authorized the release, or the release is otherwise authorized by law.

## **MOHS SURGERY**

### **WHAT IS MOHS SURGERY?**

Mohs surgery is a specialized surgical method to remove skin tumors. In an outpatient office procedure the surgeon initially removes the visible tumor. Next, a rim of tissue is taken completely around the site. This thin specimen is then marked with dyes for orientation purposes and a map of the specimen. The tissue is then prepared akin to an orange peel map of the world so that 100% of the perimeter around the tumor can be evaluated. The surgeon then personally analyzes the prepared tissue. Any residual tumor is identified and precisely mapped. This allows the surgeon to remove more tissue at the specific site of residual tumor. The procedure is repeated until the entire tumor is removed.

### **WHAT ARE THE ADVANTAGES OF MOHS SURGERY?**

In conventional surgery only a small percentage of the margins of the removed tissue are actually examined. In contrast Mohs surgery allows for 100% of the perimeter of the specimen to be evaluated. Mohs surgery has the highest cure rates for the treatment of most skin cancers. In addition, because thin layers of tissue are removed the least amount of tissue can be removed thereby maximizing the potential for the best cosmetic results.

### **WHAT SHOULD YOU DO PRIOR TO SURGERY?**

Please fill out and bring to your appointment the enclosed medical information sheets. You should not take any aspirin, blood thinners, or anti-inflammatories for 10 days prior to your surgery and for 5 days after surgery (see enclosed aspirin medication sheet). You should obtain the approval of your internist or Primary Care Physician prior to discontinuing these or any medications. You should not smoke for 10 days prior to and after surgery. You should not have any alcohol 5 days prior to or 5 days after surgery. You should continue all other medications and eat a regular meal prior to surgery.

### **WHAT SHOULD YOU EXPECT THE DAY OF SURGERY?**

You should be prepared to spend the day with us though you may go home sooner. Each round of surgery takes approximately 30 minutes. Preparation and examination of the tissue takes approximately 1 hour, during which time you will have a dressing on and you will be waiting in the waiting room. Ninety percent of patients have the entire tumor removed within 3 rounds or less of Mohs surgery. After the tumor has been removed the reconstructive options will be presented to you. Most reconstructive procedures can be performed in the office during the same session. You should have someone drive you to and from the office or accompany you for the day. You may want to bring a book or other reading materials with you. There is a fast-food stand within walking distance from the Pasadena office and a nearby café in Newport.

**WILL I HAVE MUCH DISCOMFORT DURING OR AFTER SURGERY?**

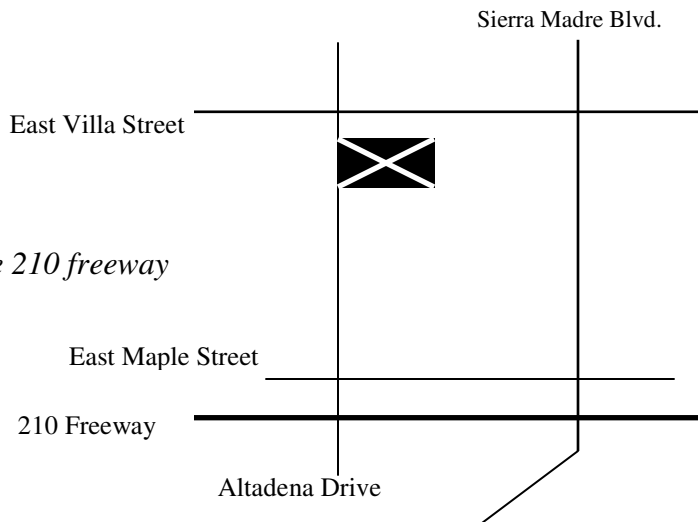
Local anesthetic will be administered at the time of surgery in which there is generally minimal or no discomfort. After surgery you may have some discomfort. You can take plain Tylenol or receive a prescription of Tylenol and codeine. Depending on the location of your surgery, you may have swelling and bruising after surgery. You should not take an aspirin or non-steroidal anti-inflammatory for at least 3 days after surgery.

**WHEN WILL I NEED TO RETURN?**

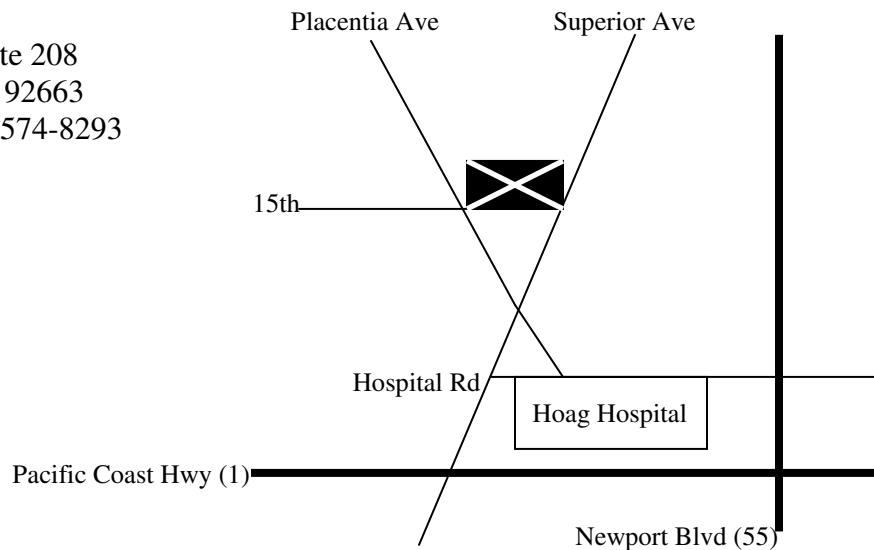
Usual initial follow up is in 5 days for suture removal. Further checks are generally at 2 and 4 weeks. Once your condition has stabilized, you will return to your doctor for further routine follow ups.

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**“Don’t Pick the Dandelions...”**

Wound healing is a very complex process. Most people think that once the stitches have been removed, that’s all there is to wound healing. To the contrary, the majority of wound healing begins and is completed after the stitches are removed. When one looks at a scar, because of the thickness and textural changes, it is easy to assume that a scar has more strength than the original skin. Just the opposite, a mature scar at one year has only about 75% of the strength of uninjured tissue.

When the stitches are removed in a period of generally five to seven days, for facial surgery, and one to two weeks for surgery elsewhere, the incision is held closed merely by a thin layer of skin or epithelial cells. During this time the wound has only approximately 10% of its normal wound strength. Post-surgical incisions, at this point in time, are most vulnerable for re-opening. During this period of time you must be the most careful to avoid excessive trauma or stress to the wound. This period of special care will last anywhere from two to four weeks depending on the body part, and the specifics of your surgery will be discussed with you.

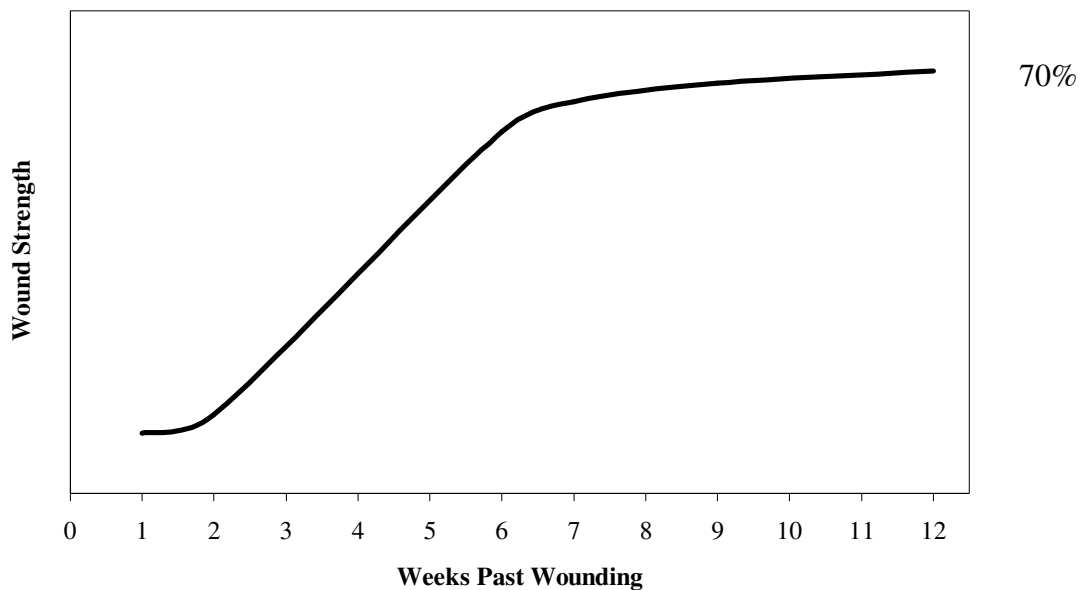
I tell patients that their wounds will look initially well healed when the stitches come out. Then for the next period of two weeks to two months, the wound will be undergoing new collagen formation (scar formation) internally and externally. During this time, the incision can become quite red and lumpy. If nothing is done to treat this condition, the redness and lumpiness will spontaneously abate. However, it can take several months to do so. You will be given specific instructions on what kind of wound care you should perform during this period of time. Specifically, it is very important for you to avoid sun exposure to the wound because this will prolong redness. Therefore, the area should be covered with sunscreen, tape or make-up once the immediate post-operative wound healing period is complete, and no daily wound dressing or care is needed. In some cases you will be advised to massage the area and in other cases a silastic gel will be used to give compression to the area to help reduce the amount of lumpiness. Finally, in some other cases, other procedures, such as a scar revision with laser resurfacing or Kenalog (steroid) injections, may be advised.

**Specific wound care instruction:**

1. Avoid all aspirin or non-steroid anti-inflammatory drugs for the first five days post operatively, unless otherwise instructed. A list of medications to avoid will be included in your pre-operative instructions.
2. No alcohol for five days post-operatively because alcohol can cause vasodilatation and bleeding.

3. No excessive or strenuous exercise for at least the first three weeks post-operatively. This will differ for different areas of the body where surgery is done. For example, if you have had facial surgery, you should avoid bending down as much as possible (tying your shoes or picking up objects).
4. For all patients, regardless of where surgery was performed, lying or sleeping on the side on which surgery was done should be avoided.
5. For patients who have had surgery around the cheeks or lips, it is very important that activity be minimized for a period of two to three weeks until otherwise instructed. Therefore, if surgery has been performed around the mouth, one should avoid excessive animation: laughing, smiling, and eating any hard foods (steaks, apples...). Soft or liquid food is preferred.
6. For surgery done on the lower extremities, the leg needs to be elevated as much as possible. Activity and weight bearing involving the feet should be minimized. If you have pain or tenderness, this is an indication that you are doing too much. Activities such as running, jogging, or walking up and down stairs are to be avoided and should be discussed with our office before being done.

### Healing Rate



As you can see after reading the above information, taking care of yourself after surgery and after the stitches have come out is very important. One of our patients who thought she was “completely healed” the day her stitches came out couldn’t resist picking all the annoying dandelions in her garden in the rain. She found out the hard way she had a long way to go towards complete wound healing. Thus comes the title of this information, “Don’t Pick the Dandelions.”