

Sava Perovic Foundation Medical History Form 2023

*Complete and return this basic medical history to the Sava Perovic Foundation (notification to be sent to: <Surgery@SavaPerovic.com>)

**If you prefer security, privacy and confidentiality, compress and encrypt your one folder containing all documents and photos (using WinZip, Stuffit, WinRAR, or 7-Zip) and send it to us via SendSpace.com and not as an email attachment.

Name: (as in passport) Logan Montgomery Grimes

Surname (Family Name): Grimes

Date of Birth: December 1, 1962

Have you sent us photos showing the problems? (required) No, but will send at a later date

Gender: Male

Weight: (specify kilograms or pounds) 187 pounds

Height: (specify cm or inches) 68 inches

Your Body Mass Index (BMI): 28.83

You diagnosis: Transexual

Have you previously had surgery of any type? (if yes, list procedure(s) and date performed)

Chest reconstruction 2004

Complete Hysterectomy and Oophorectomy 2006

Metiodioplasty with urethra lengthening 2008 in Serbia with Dr. Sava Perovic and Dr. Djinovic

Vaginectomy 2008 with Dr. Sava Perovic and Dr. Djinovic

Scrotoplasty with testicular implants 2008 with Sava Perovic and Dr. Djinovic

What Procedures Do You Require? I'm looking to continue my journey for total phalloplasty.

What Specific Results Do You Expect?

I would like this procedure to allow me to stand and urinate and have the aesthetics as close as possible as a ci-gender male

Planned/Proposed Date for Surgery: May 22,2023

Have you made yourself aware of the risks involved in the the surgery you want? Yes

Have you made yourself aware of all the possible complications that can occur from the surgery you want? Yes

Questions for the Surgeon:

Will I be able to get my testicular implants replaced with larger implants during this procedure if my anatomy allows for larger implants ? If so, what will be the cost of total procedures. I want to be prepared for total cost of all procedures in order to bring the correct amount.

Your Email Address: loganmgrimes@gmail.com

Your Phone Number: United States of America 1 773.401.8260

Your Current Address: 4733 N. Kelso Avenue Chicago,Illinois 60630

Nationality: American

Preferred language: English

Person to Contact in Case of Emergency: Laura Grimes

Emergency Contact Person's Email Address: grimeslcsww@icloud.com

Emergency Contact Person's Phone Number: 1 773. 659.9207

Do you have Hepatitis B or Hepatitis C or are you HIV+? No Hepatitis B or C and No HIV

Are you allergic to any food, drug or anything else? (if yes, explain) No food or drug allergies

Any additional information your surgeon should know but we didn't ask about? (if yes, explain) left hand deficit due to nerve damage from pinch nerve in cervical spine