Informed Consent for Breast Augmentation with Saline or Silicone Breast Implants

GENERAL INFORMATION

As of May, 2000, saline-filled breast implant devices have been approved by the United States Food and Drug Administration (USFDA) for use in breast augmentation and reconstruction. Breast implants that contain silicone gel are currently restricted to women who meet eligibility criteria to participate in approved study programs.

Augmentation mammaplasty is a surgical operation performed to enlarge the breasts for a number of reasons:

To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
To correct a loss in breast volume after pregnancy.
To balance breast size, when there exists a significant difference between the size of the breasts.
To restore breast shape after partial or total loss of the breasts for various conditions.
To replace existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and poor surgical outcome. According to the USFDA, a woman must be at least 18 years of age for cosmetic breast augmentation.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue or under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around the lower part of the areola, or in the armpit. Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions which involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammaplasty surgery must consider the following:

Breast augmentation or reconstruction with saline-filled implants may not be a one time surgery. Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.

- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

ALTERNATIVE TREATMENT

Augmentation mammaplasty is an elective surgical operation. Alternative treatment would consist of the use of external breast prostheses or padding, or the transfer of other body tissues to enlarge breast size.

Patient Initials_____

RISKS of AUGMENTATION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with augmentation mammaplasty. Additional information concerning breast implants may be obtained from the FDA, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast augmentation. Problems associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by patients considering surgery that involves breast implants.

While every patient experiences her own individual risks and benefits following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with breast implant surgery.

Inherent Risks of Saline Breast Implants:

Implants- Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline-filled implant deflates, its salt water filling will be absorbed by the body. Rupture can occur as a result of an injury, from no apparent cause, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement or removal. Breast implants can wear out, they cannot be expected to last forever.

Capsular contracture- Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition.

Implant extrusion / Tissue necrosis- Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing though layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

Skin wrinkling and rippling- Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. This may be more pronounced in patients who have saline-filled implants with textured surfaces or thin breast tissue. It may be possible to feel the implant fill valve. Some patients may find palpable valve and wrinkles cosmetically undesirable. Palpable valve, wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated. An implant may become visible at the surface of the breast as a result of the device pushing though layers of skin.

Patient Initials_____

Change in nipple and skin sensation- Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breast feed a baby.

Calcification- Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

Chest wall deformity- Chest wall deformity has been reported secondary to the use of tissue expanders and breast implants. The consequences of chest wall deformity is of unknown significance.

Implant displacement- Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape. Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to correct this problem.

Surface contamination of implants- Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this is unknown.

Breast feeding- Breast milk is the best food for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants.. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involve incisions through the nipple and areolar locations may reduce the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

Unusual activities and occupations- Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding/seroma.

Inherent Surgical Risk of Breast Implant Surgery:

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury to the breast.

Seroma- Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants. This may contribute to infection, capsular contracture, or other problems.

Patient Initiials_____

Infection- Infection is unusual after this type of surgery. It may appear in the immediate post operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted. It is extremely rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery.

Skin scarring- Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional surgery may be needed to treat abnormal scarring after surgery.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Thrombosed veins- Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and resolve without medical or surgical treatment.

Pain- Pain of varying intensity and duration may occur and persist after breast implant surgery. Pain may be the result of improper implant size, placement, surgical technique, capsular contracture, or sensory nerve entrapment or injury.

Additional Breast Implant Advisory Information:

Breast cancer- Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. It is recommended that all women perform periodic self examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should they notice a breast lump. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

Mammography- Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s).). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their breast tissue.

Patient Initials_____

Second generation effects- A review of the published medical literature regarding potential damaging effect on children born of mothers with breast implants is insufficient to draw definitive conclusions that this represents a problem.

Long term results- Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to augmentation mammaplasty. Breast sagginess may normally occur.

Unsatisfactory result- You may be disappointed with the results of surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results or remove implants.

Removal / replacement of breast implants- Future revision, removal, or replacement of breast implants and the surrounding scar tissue envelope involves surgical procedures with risks and potential complications. There may be an unacceptable appearance of the breasts following removal of the implant.

Capsule procedures- Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant or other complications.

Immune system diseases and unknown risks- A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosis, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either silicone gel-filled or saline-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effects of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the augmentation mammaplasty and any complications that might occur from surgery. Most insurance covers the first breast reconstruction operation. Insurance coverage for future revision, new breast implants, or additional doctor's visits may not be covered, depending on the policy. Health insurance premiums may be dropped, premiums may increase, or future coverage my be denied in patients with breast implants. Please carefully review your health insurance subscriber information pamphlet and underwriting policies.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with augmentation mammaplasty; other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

Patient Initials_____

FDA RECOMMENDATIONS FOR SILICONE IMPLANTS

The FDA recommends that women who choose silicone implants undergo an MRI (Magnetic Resonance Imaging) 3 years after surgery and then every two years afterwards to screen for implant rupture. These imaging studies do not replace routine mammograms. It is very likely that that the cost of these MRI's will not be covered by your insurance. In the event the MRI report indicates a leaking silicone implant, it is recommended that the implant be removed with or without replacement. It will be your responsibility to pay for the cost of the MRI's, Operating Room Fees, Anesthesia Fees, Surgeon's Fees, new implants, and any other costs associated with re-exploration due to an MRI report indicating a leaking silicone implant. Also, it is possible that an MRI report may indicate a leaking silicone implant- but, during exploration, the implant is found to be intact (a false-positive report). Despite the false-positive MRI report, it will be your responsibility to pay all fees (Operating Room fee, Anesthesia fee, Surgeon's fee, implants, etc.) associated with the re-exploration. Be advised that your insurance company may not cover the costs of exploration, removal, or replacement. Also, the same surgical risks explained in this document (infection, bleeding, anesthesia risks, capsular contracture, asymmetry, adverse scarring, delayed wound healing, implant extrusion, seroma, allergic reactions, etc) apply to surgeries performed to examine an implant that was indicated to be leaking by MRI report.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of implants and surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Patient Initials_____

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Audrey Farahmand and such assistants as may be selected to perform the following procedure(s) or treatment(s):

   _____.

   I have received the following information sheet(s):
   INFORMED-CONSENT FOR AUGMENTATION MAMMAPLASTY

   _____.

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
   a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
   b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
   c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

SIGN A OR B

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

_____
Patient or Person Authorized to Sign for Patient

Date_____ Witness _____

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

_____
Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

FARAHMAND
PLASTIC SURGERY

Home Care Instructions-Breast Augmentation, Breast –Lift, Breast Lift with Augmentation

1. For the first postoperative week, patients should rest and sleep elevated at 30 degrees. You should not lay flat in bed. Thirty degrees elevation can be achieved in a recliner or using several pillows behind you back and shoulders. If you do not have a recliner, you must position pillows in bed so that you will not roll off your pillows and lose elevation.
2. Movement of the arms is helpful in softening your breasts. By moving your arms, this moves your implants and keeps your pocket open to allow for soft breasts. Avoid lifting anything over 5-10 pounds for the first 3 weeks. If you are active in weight lifting, light weights 2-3 pounds with your arms is allowed after 3 weeks. Avoid power lifting for 6 weeks. Avoid repetative arm movements for 2 weeks
3. You will be returning to the office for a postoperative check 24-48 hours after your surgery. Massaging in the beginning is painful, so approximately one hour to your appointment have a light meal and a pain pill. After your appointment, you will be allowed to shower.
4. Intermittent ice to the breasts is helpful for the first 24-48 hours. After this time period, we recommend avoiding ice. Most patients find that wearing a bra provides support to the breasts and reduces pain, so a comfortable sports bra is recommended to be worn for the first few weeks. Avoid underwire bras. These are not allowed for the first 6 weeks.
5. Avoid strenuous activity such as jogging, swimming, skiing, tennis for the first 3-4 weeks after surgery.
6. Begin your postoperative antibiotics the night of your surgery and finish the entire prescription.
7. The following symptoms are completely **normal:**
    a. One side hurts more than the other.
    b. The feeling of Rice Krispies to the breasts. This is a small amount of air and will resolve in 2 weeks.
    c. Sloshing or gurgling. This is antibiotic solution around your implant. This will resolve in 2-3 weeks.
    d. Swelling to the top portion of the breasts is normal. This will resolve at about 6 weeks.
    e. Electric shocks, tingling, temporary numbness, hypersensitivity to the nipples, all of which are normal due to the stretching of nerves.
    f. Uneven swelling or bruising.
    g. Constipation from pain pills. Plan on using a laxative if you have not moved your bowels in 2 days.
    h. Itching from the pain pills is also very common, and we recommend that you take Benadryl 25-50 mg every 4-6 hours for itching. This medicine is available over-the-counter. The side effects are sleepiness, and you are not allowed to drive while taking your pain pills or large doses of Benadryl. Driving is allowed as soon as you stop your pain medicines.
    i. Postoperative bruising is normal, and this will vary from patient to patient. Please call Dr. Farahmand's office if your breasts become:
        i. One breast twice the size of the other.
        ii. Red streaks extending from the the wound
        iii. Fevers over 100 degrees (fevers under 100 degrees for the first 48 hours are normal).
        iv. **Do not take any aspirin products, ibuprofen or vitamin E or any homeopathic medicines 2 weeks prior to surgery and 2 weeks after surgery.** Medications for pain and antibiotics have been prescribed to you. If your pain is not that severe, you may take Tylenol.

Additional Info: No smoking or second hand smoke

Your next visit is: _____

_____ _____
Date Responsible Person/Patient

_____
Witness

FARAHMAND
PLASTIC SURGERY

Pre-operative Care

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take TYLENOL in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take XANAX in a.m. with sip of water.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.
10. No Smoking or second hand smoke

Surgery Day

1. Call the surgical facility_____the day before surgery to determine what time to report for registration.
2. Remove all make-up, jewelry, and nail polish.
3. Wear comfortable clothing, preferably a button front shirt. (BREAST SURGERY PATIENTS—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
4. If you have any questions, please do not hesitate to call our office at 332-2388.

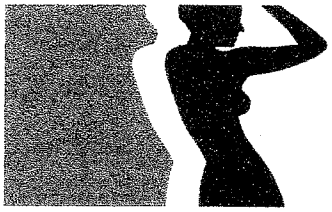
I have read the pre-operative information and fully understand its contents.

Patient_____**Acct#**_____ **Date**_____
Witness_____ **Date**_____

Pre-operative Check List

Patient_____ Acct#_____
Date_____ Surgery date_____

		Initials
_____	Financial Policy/ Consent signed	_____
_____	Copy of Insurance card in chart	_____
_____	Consents signed	_____
_____	Orders / Scripts (Done and Signed)	_____
_____	Labs Done by_____	_____
_____	Mammo_____ / EKG_____	_____
_____	Patient consent to treatment	_____
_____	Mentor implant acknowledgement	_____
_____	Mentor consent for silicone implants	_____
_____	Pregnancy waiver / _____peer review (disclosure)	_____
_____	Photos taken (check book if not sure)	_____
_____	Green Sheet (Read __, Gone over __, Signed___	_____
_____	Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately $2200.	_____
_____	Post operative instructions given to hospital patients	_____
_____	Sized Garment, Size_____	_____
_____	Weight_____lbs. For all liposuction, abdominoplasty, and breast reduction patients	_____
_____	Must Order Breast , Chin, mandibular implants Size:_____ Catalog number_____	_____
_____	Reminder on all the following procedures: 1. Abdominoplasty 2. Thigh lifts 3. Inner thigh liposuction Patients need to shave pubic area the night before Surgery	_____
_____	Always mark orders for surgery as follows: "Patient not to be sedated until seen by Dr. Farahmand	_____



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PLASTIC SURGERY

Pregnancy Waiver for Surgical Procedure

Patient_____ Acct#_____

To Whom it may concern:

I,_____, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.

In the event that I should discover otherwise, I agree to take full responsibility.

Surgical Date:_____

_____ _____

Date Patient's Signature

_____ _____

Date Witness

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY $2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

_____

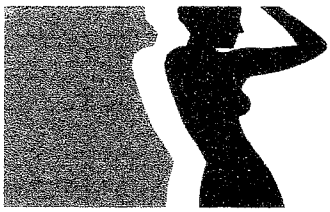
PATIENTS SIGNATURE

_____

DATE

_____

WITNESS SIGNATURE



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I have been informed of the Mentor Enhanced Advantage Limited Warranty. I understand that, should I elect to purchase this program, I must do so within 30 days of my qualifying implantation. I also understand the steps necessary to purchase the program as outlined in The Mentor Advantage Limited Warranty brochure.

Signed_____

Date_____

Printed Name_____

Audrey Farahmand MD • Plastic and Reconstructive Surgeon
13710 Metropolis Avenue Unit #104 Fort Myers, FL 33912
Phone (239) 332-2388 • Fax (239) 332-2382
www.farahmandplasticsurgery.com

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Mentor Implant Acknowledgement

I received the Mentor Saline-Filled Breast Implant Surgery: Making an Informed Decision Booklet. I have read and understand the information in this booklet. I have had the opportunity to ask Dr. Farahmand questions about the Mentor saline implants and their potential complications.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me.

Date	**Patient Signature**
Date	**Witness**

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