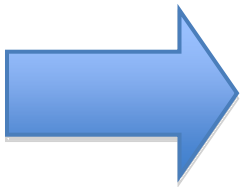


Procedure: COSMETIC FACIAL SURGERY, The Things that the Patient needs to know!

You and your doctor are considering a plastic surgery procedure for the purpose of improving your appearance. The doctor performs this type of operation by making surgical cuts in the face. Generally this type of surgery is not an emergency, nor is it usually necessary to improve or protect the physical health of the patient. Although complications and bad results are extremely uncommon from this type of operation, they do sometimes occur. It is possible that this operation will not improve your appearance. It is even possible that your appearance will be less pleasing after the operation than it is now. Because of these facts, your doctor cannot guarantee a favorable result from the operation you are considering.



Some of the possible complications from cosmetic surgery of the face are:
Infection, bleeding, discoloration of the face, nerve damage causing temporary and permanent loss of feeling in the face and weakness and paralysis of portions or all of the face, personality changes and mental difficulties following the surgery, sometimes occurring even when the operation has been a cosmetic success, and allergic or other bad reaction to one or more of the substances used in the operation.

Some of the complications of this operation can cause the need for further surgery; some of the complications can cause prolonged illness, scarring, and permanent deformity. Allergic reactions have even been known to cause death. Furthermore, there may be alternatives to this surgery, such as the use of cosmetics or merely accepting your present appearance and doing nothing. However, these alternatives carry their own risk of complications and have a varying degree of success.

ADDITIONAL RISKS AND ALTERNATIVES:

(TO BE FILLED IN HERE AND ON REVERSE SIDE BY DOCTOR AS NECESSARY)

I CERTIFY: I have read or had read to me the contents of this form, I understand the risks and alternatives involved in this procedure! I have had the opportunity to ask any questions which I had and all of my questions have been answered to my satisfaction.

DATE: _____ TIME: _____ SIGNED: _____

(Signed by patient or person legally authorized to consent for patient)

WITNESS: _____

PHYSICIAN: _____

(A GENERAL CONSENT FORM MUST ALSO BE SIGNED BY THE PATIENT)