



AESTHETIC FACIAL PLASTIC SURGERY PLLC  
DR. PHILIP YOUNG, MD

## Healing Body & Mind

Once you have the procedure you waited a long time for, it is time to be patient and wait, again, for your body to heal. Unfortunately, a surgeon's scalpel is not a magic wand and healing will occur at different rates for different people. You must allow yourself to heal and be aware it is natural to be impatient for the results and a little anxious because you often look worse before you look better. Being aware this can happen will help you understand these normal feelings.

Sharing your experience with friends and family can help give you a support system during your recovery, but realize they may unintentionally make you question your decision with concerns during your recovery. While you may think that you are looking pretty rough around the edges, we may tell you that you are healing beautifully. Trust us. We will share with you if there is a concern, so if we tell you that everything is healing normally, it is.

Your healing will depend on many things such as your general health, your willingness to follow instructions, and your mental attitude toward recovery. While I can perform the surgery, I cannot "heal" you. It is up to you to be an active participant in your recovery process to help your body heal the best that it can. Following all of our instruction is very important, as is working with us to address any complications that may arise. Even surgeries that are done exactly right, can have complications during recovery. It has to do with the human factor. We are not machines and every person can react differently and heal differently even when the surgery is done exactly the same. Every surgeon has unexpected results from time to time.

It is important you approach your surgery and especially your recovery with the mindset that we are a team, and you are an integral part of that team. We must trust each other to be working for a common goal, your successful result. As the surgeon, I enjoy my work and strive to achieve an ideal result during every surgery for every patient. I have rigorous standards that my staff must meet in order to be involved in your care. I am looking forward to working with you to achieve a great result and do not anticipate any post-operative problems. I will do everything I can to make sure that you are happy with your result.



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## Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks before and after your procedure and only acetaminophen products, such as Tylenol, should be taken for pain. Most importantly we would like you to avoid high dose vitamin E (anything greater than 40IU), aspirin, anti-inflammatories, herbal medications, supplements (fish oil, omega 3's). All other medications – prescriptions, over-the-counter and herbal medications or supplements – that you are currently taking must be specifically cleared by your Doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your Doctor and the nursing staff. There are some foods that are listed below. **We ask that you refrain from eating excessive amounts of the foods. A small amount is appropriate.**

Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	B-A-C	65	products
5-Aminosalicylic Acid	Backache Maximum	Darvon/ASA	Isollyl Improved
Acetilsalicylic Acid	Strength Relief	Diclofenac	Kaodene
Actron	Bayer Products	Dipenturn	Lanorinal
Adprin-B products	BC Powder	Disalcid	Ibuprohm
Aleve	Bismatrol products	Doan's products	Lodine
Alka-Seltzer products	Buffered Aspirin	Dolobid	Lortab ASA
Amigesic Argesic-SA	Bufferin products	Dristan	Magan
Anacin products	Buffetts 11	Duragesic	Magnaprin products
Anexsia w/Codeine	Buffex	Easprin	Magnesium Salicylate
Arthra-G	Butal/ASA/Caff	Ecotrin products	Magsal
Arthriten products	Butalbital Compound	Empirin products	Marnal
Arthritis Foundation products	Cama Arthritis Pain Reliever	Equagesic	Marthritic
Arthritis Pain Formula	Carisoprodol Compound	Etodolac	Mefenamic Acid
Arthritis Strength BC Powder	Cataflam	Excedrin products	Meproamate
Arthropan	Cheracol	Fiorgen PF	Mesalamine
ASA	Choline Magnesium Trisalicylate	Fiorinal products	Methocarbarnol
Asacol	Choline Salicylate	Flurbiprofen	Micrainin
Ascriptin products	Cope	Gelpirin	Mobidin
Aspergum	Coricidin	Genprin	Mobigesic
Asprimox products	Cortisone Medications	Gensan	Momentum
Axotal	Damason-P	Goody's Extra Strength Headache Powders	Mono-Gesic
Azdone	Darvon Compound-	Halfprin products	Motrin products
Azulfidine products		IBU	Naprelan
		Indomethacin	Naproxen
			Night-Time Effervescent Cold



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Norgesic products	Phenaphen/Codeine	Salsitab	Talwin
Norwich products	#3	Scot-Tussin Original	Triaminicin
Olsalazine	Pink Bismuth	5-Action	Tricosal
Orphengesic products	Piroxicam	Sine-off	Trilisate
Orudis products	Propoxyphene	Sinutab	Tussanil DH
Oxycodone	Compound products	Sodium Salicylate	Tussirex products
Pabalate products	Robaxisal	Sodol Compound	Ursinus-Inlay
P-A-C	Rowasa	Soma Compound	Vanquish
Pain Reliever Tabs	Roxepirin	St. Joseph Aspirin	Wesprin
Panasal	Saleto products	Sulfasalazine	Willow Bark products
Pentasa	Salflex	Supac	Zorprin
Pepto-Bismol	Salicylate products	Suprax	
Percodan products	Salsalate	Synalgos-DC	

Ibuprofen Medications to Avoid: *Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	lbuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	lbuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

Avoid ALL Diet Aids – Including Over-the-Counter & Herbal

*Intensify anesthesia, serious cardiovascular effects.*

Tricyclic Antidepressants to Avoid: *Intensify anesthesia, cardiovascular effects.*

Adapin	Clomipramine	Limbitrol products	Sinequan
Amitriptyline	Desipramine	Ludiomil	Surmontil
Amoxapine	Doxepin	Maprotiline	
Anafranil	Elavil	Norpramin	Tofranil
Asendin	Endep	Nortriptyline	Triavil
Aventyl	Etrafon products	Pamelor	Trimipramine
	Imipramine	Pertofrane	Vivactil
	Janimine	Protriptyline	



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Other Medication to Avoid: *Affect blood clotting.*

4-Way w/ Codeine	Dicumerol	Miradon	Sparine
A.C.A.	Dipyridamole	Opasal	Stelazine
A-A Compound	Doxycycline	Pan-PAC	Sulfinpyrazone
Accutrim	Emagrin	Pentoxifylline	Tenuate
Actifed	Enoxaparin injection	Persantine	Tenuate Dospan
Anexsia	Flagyl	Phenylpropanolamin e	Thorazine
Anisindione	Fragmin injection	Prednisone	Ticlid
Anturane	Furadantin	Protarnine	Ticlopidine
Arthritis Bufferin	Garlic	Pyrroxate	Trental
BC Tablets	Heparin	Ru-Tuss	Ursinus
Childrens Advil	Hydrocortisone	Salatin	Virbamycin
Clinoril C	Isollyl	Sinex	Vitamin E
Contac	Lovenox injection	Sofarin	Warfarin
Coumadin	Macrodantin	Soltice	
Dalteparin injection	Mellaril		

Salicylate Medications, Foods & Beverages to Avoid: *Affect blood clotting.*

*(High concentration of foods to be avoided, you do not need to cut out these foods completely.)*

Amigesic (salsalate)	Pepto-Bismol	Almonds	Ginger
Disalcid (salsalate)	(bismuth	Apples	Grapes
Doan's (magnesium salicylate)	subsalicylate)	Apricots	Pickles
Dolobid (diflunisal)	Salflex (salsalate)	Blackberries	Prunes
Magsal	Salsalate	Boysenberries	Raspberries
Pamprin (Maximum Pain Relief)	Salsitab (salsalate)	Cherries	Strawberries
Mobigesic	Trilisate (choline salicylate + magnesium salicylate)	Chinese Black Beans	Tomatoes
Pabalate		Cucumbers	Wine
		Currants	
		Garlic	



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## Vitamins and Herbs to Avoid

*Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.*

Ackee fruit	Devil's club	Goldenseal	Muwort
Alfalfa	Dong Quai root	Gotu Kola	Nem seed oil
Aloe	Echinacea	Grape seed	Onions
Argimony	Ephedra	Guarana	Papaya
Barley	Eucalyptus	Guayusa	Periwinkle
Bilberry	Fenugreek seeds	Hawthorn	Selenium
Bitter melon	Feverfew	Horse Chestnut	St. John's Wort
Burdock root	Fo-ti	Juniper	Valerian/Valerian Root
Carrot oil	Garlic	Kava Kava	"The natural Viagra®"
Cayenne	Ginger	Lavender	Vitamin E
Chamomile	Gingko	Lemon verbena	Willow bark
Chromium	Gingko biloba	Licorice root	Yellow root
Coriander	Ginseng	Ma Huang	Yohimbe
Dandelion root	Gmena	Melatonin	

If you are taking anything not on this list, please call the office at (425) 990-3223 to notify us and make sure that it is okay.



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## **PATIENT RIGHTS**

The patient has the right to:

1. Treatment without regard to race, gender, age, national origin or cultural, economic, educational, or religious background, or the source of payment of his care.
2. Dignified, considerate and respectful care.
3. The knowledge of the name of the surgeon who has primary responsibility for coordination of his care and the names and professional relationships of other practitioners who will see him. All health care professionals practicing at the facility have had their credentials verified and have been approved to practice at the facility by the Governing Board.
4. Receives information from his surgeon about his illness, his course of treatment, and his prospects for recovery in terms that he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, including the name of the person who would carry out the treatment(s) or procedure(s).
6. Participate actively in decision regarding his medical care. To the extent it is permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.



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10. Reasonable continuity of care and to know, in advance the time and location of appointment(s), as well as, the practitioner providing the care.
11. Be advised if the surgeon proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his surgeon, or designee, of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of the source of payment.
14. Have all patients rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing without fear of retribution or denial of care and expect his grievance to be reported to the person in charge immediately, and that his grievance will be investigated regarding treatment or care that is furnished, or fails to be furnished. The patient has the right to contact AAAHC.org.
16. Have information provided prior to 24 hours before the date of the procedure concerning the policies on advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal Regulations. Document in a prominent part of the patient's current medical record whether or not the individual has executed an advance directive.
17. Be informed of their right to change primary or specialty physicians if other qualified physicians are available.
18. Provided appropriate information regarding malpractice insurance coverage.
19. Patient will be treated respectfully regarding privacy, security, grievance resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.
20. Be protected from abuse and neglect.
21. Be informed of unanticipated outcomes.
22. Aesthetic Facial Plastic Surgery is owned and operated by Dr. Young.



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## **GENERAL INFORMED CONSENT FORM AND RELEASE AGREEMENT**

Aesthetic Facial Plastic Surgery, PLLC's ("AFPS"), by and through Dr. Phillip Young, agree to provide treatment to: \_\_\_\_\_ ("Patient" or "you") [insert Patient's name] pursuant to terms and conditions set forth under this General Informed Consent Form and Release Agreement (the "Agreement") and such other consent or release AFPS may require from time to time.

Patient has received materials, literature and documents regarding AFPS's policies and guidelines for pre- and post-procedure activities and prohibitions, as well as medications to avoid and release of rights, including but not limited to the following:

1. Healing Body and Mind;
2. Your Anesthesia Experience;
3. Pre-Procedure Instructions;
4. Medications to Avoid;
5. Post-Procedure Instructions;
6. Post-Operative Instructions for Your Specific Procedure that you are receiving;
7. Patient Rights;
8. Anesthesia Consent Form;
9. Caretaker Consent Form;
10. Pain Management Consent Form; and
11. Photographic / Videographic Documentation Consent Form

By executing this Agreement, Patient certifies that he/she has: (i) read; (2) understood; and (3) had an opportunity to ask questions regarding each section of this Agreement and all materials, literature and documents provided by AFPS. Patient understands that for each specific procedure, he/she will be required to sign additional consent forms



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addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures Patient will undergo while under the care of AFPS. If the person signing as the “Patient” under this Agreement is doing so on behalf of a minor, then such person certifies that he or she is the parent, guardian, or conservator of the minor and that such person is authorized to sign this consent form on the minor’s behalf.

## SECTION 1

### INTRODUCTION TO AESTHETIC FACIAL PLASTIC SURGERY, PLLC

Aesthetic Facial Plastic Surgery, PLLC is a Professional Service Corporation which performs various plastic surgery procedures to enhance facial aesthetics of its patients. These procedures can help to reduce the visible signs of aging, but cannot stop the process of aging. Since each individual’s body is different, the risks and results of any medical procedure may vary from person to person. These procedures are generally performed under local, oral or conscious sedation and some individuals may need extra healing time and may not be able to return to work or normal activities for a prolonged period of time.

## SECTION 2

### ALTERNATIVES TO TREATMENT

There are surgical and nonsurgical methods for improving facial aesthetics and AFPS will provide you with options and alternatives that may be suitable for your objectives, which you should carefully review with your treating physician before deciding on one or more treatment procedures.

## SECTION 3

### RISKS OF PROCEDURES

Every medical and surgical procedure involves a certain amount of risk and it is important that you understand these risks. An individual’s choice to undergo a medical or surgical procedure is based on, among other things, the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each of them with your physician to make sure you understand the potential risks, complications, and consequences of the associated procedures. Whenever the skin is cut or punctured, it heals with a scar. Some procedures will result in a permanent scar.



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Normal symptoms that occur during the recovery periods: swelling and bruising, discomfort and some pain, crusting along the incision lines, numbness of operated upon skin lasting 3 months or possibly longer or permanent, itching, redness of scars.

With each individual procedure, the specific consent to perform the procedure will outline in more detail some of the symptoms, side effects and risks associated with such a procedure.

#### SECTION 4 POST-PROCEDURE CARE

Post-Procedure care is an important part of your plastic surgery experience. It is your obligation to make sure that you keep all your post-procedure appointments as directed and make sure that you promptly contact your physician and seek emergency care in case of a medical emergency. You must have a caretaker for the first 24 hours. **You should also record how you are taking your medications. You should record the date and time of each prescription drug you are taking, how much and what medications are given, and the total amounts of the drugs that are left each and every time.** Medications (especially pain medications) can be dangerous and you need to strictly follow the instructions on the prescription attached to the bottle.

#### SECTION 5 FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

As you have been, or will be, advised, no plastic surgeon can guarantee a specific result. From time to time, some patients may require additional surgery to deal with revisions or complications. In cosmetic procedures, there are certain problems that are unavoidable regardless of quality of the care provided and diligence exercised by the doctor and his/her team.

Examples of problems that a patient may encounter include bleeding and/or an unfavorable scar after a surgical procedure. In both of these cases, the patient may require additional surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring).

We hope that no complication arises and no revisionary surgery becomes necessary in your case. However, no plastic surgeon can make such a guarantee to any of his or her patients. It is important for the patient undergoing an elective surgical procedure to understand that



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surgical revisions and complications may result in additional costs. Revisions within six (6) months from the original procedure date will not incur additional physician fee; but facility, anesthesia and other fees and costs shall be the sole responsibility of the patient. Notwithstanding the foregoing, any revisions after six (6) months of the original procedure date will incur all standard fees and costs.

If you have any questions regarding this policy, our office staff would be happy to discuss it with you.

## SECTION 6

### DEPOSIT | FEE | CANCELLATION POLICY

#### **Deposit | Fee for Surgical Procedures:**

**There are two choices with your Deposit: 1.) A non-refundable fee in the amount of five hundred dollars (\$500) will be collected at the time you schedule your surgery. This fee will be applied towards the total costs of your surgery, which shall be collected in full at the time of your pre-procedure appointment (two weeks prior to your surgery date). If you choose to cancel your surgery for any reason before your pre-procedure appointment, then the \$500 fee will remain non-refundable but may be applied to a future surgery/procedure or \$250 of it can be applied to products, all within the next year from the time you place your deposit. Or 2.) A refundable fee of 20% that then becomes subject to the following that will apply to your full payment that is made 2 weeks before your procedure:**

**A. If you cancel or reschedule your surgery within two (2) weeks of your surgery date, you will be charged thirty percent (30%) of the total costs of your procedure including your deposit.**

**B. If you cancel or reschedule your surgery within seven (7) days of your surgery date, you will be charged fifty percent (50%) of the total costs of your procedure including your deposit.**

**C. After your procedure, there are no refunds given.**

**For non-surgical treatments, including injectable or other non co2 laser treatments, all fees and costs must be paid in full on the day of treatment.**

**There will be a return check fee in the amount of thirty-five dollars (\$35) for all returned checks.**



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**If you have any questions regarding our financial or refund policy, please ask our Patient Care Coordinator or Office Manager.**

**Cancellation Policy for appointments | in-office procedures:**

**We have a 48 hour cancellation policy. We ask that you inform us at least 48 hours that you are cancelling or rescheduling your appointment or you will be charged the following:**

**Injectables (Fillers, Botox/Dysport): You will be charged \$100 for cancellations, no shows, or rescheduling within 48 hours of your appointment.**

**All other appointments (Consultations, Follow-ups, Pre-Procedure Appointments, Aesthetic Treatments, etc): You will be charged \$50 for cancellations, no shows, or rescheduling within 48 hours of your appointment.**

SECTION 7

DISCLAIMERS, RELEASES AND COVENANTS

Computer imaging may be used during your consultation. Although we strive to achieve the very best results every time, these images are used to help guide us during your procedure and are not a guarantee of results.

You understand that AFPS will request or require you to sign the following consent forms:

- Patient HIPAA Consent Form;
- General Instruction Form;
- Photographic/Videographic Documentation Consent Form;
- Pain Management Agreement;
- Caretaker Consent; and
- Consent forms for each individual procedure you will undergo while under the care of AFPS.

Informed consent documents are used to communicate information about the proposed medical or surgical treatment 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.



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However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional 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 the facts involved in an individual case and are subject to change as science, knowledge, and technology advance and as practice patterns evolve.

For purposes of advancing medical education, you consent to the admittance of observers to the operating room.

You consent to the disposal of any tissue, medical device or body parts which may be removed.

You understand that the success of the procedure is to a great extent dependent upon your closely following Pre-Op and Post-Op instructions your doctor has provided to you. Post-Op care, activities and precautions have been explained to you and you understand them fully.

You also consent to the administration of such anesthetics as may be considered necessary and advisable by the attending physicians and/or anesthesiologist. You are aware that risks are involved with anesthesia, such as allergic or toxic reactions and even cardiac or respiratory arrest.

Your physician, and/or your physician's designees, reserve the right to discuss your case with any third parties if, in your physician's considered opinion, it becomes necessary to do so. Your signature below will indicate your consent to this reservation.

You have had sufficient opportunity to discuss your treatment with your physician and/or your physician's associates, and all your questions have been answered to your satisfaction. You believe that you have adequate knowledge upon which to give an informed consent to the proposed treatment.

**YOU ARE AWARE THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND ACKNOWLEDGE THAT NO GUARANTEES OR PROMISES HAVE BEEN MADE TO YOU ABOUT THE RESULTS OF THE PROCEDURE OR CARE PROVIDED BY AFPS. YOU**



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UNDERSTAND THAT THE RESULT OF YOUR PROCEDURE AND RECOVERY WILL VARY AND MAY NOT BE SIMILAR TO THE RESULTS AND RECOVERY OF THAT OF OTHER PATIENTS, INCLUDING THOSE DEPICTED IN AFPS ADVERTISING. WITHOUT FOREGOING YOUR RIGHT TO PURSUE REMEDIES AT LAW OR IN EQUITY AS A RESULT OF AFPS'S NEGLIGENCE OR MALPRACTICE AND IN CONSIDERATION OF AFPS'S AGREEMENT TO PROVIDE TREATMENT, YOU HEREBY COVENANT THAT YOU WILL NOT WRITE, COMPOSE, PUBLISH, DISSEMINATE, MAKE, OR OTHERWISE DIRECT OR ENCOURAGE ANY THIRD PARTY TO DO SO, ANY NEGATIVE REVIEWS OR DISPARAGING REMARKS AGAINST AFPS OR DR. PHILLIP YOUNG, IN ANY MEDIUM OR FORUM WHATSOEVER (COLLECTIVELY "DISPARAGING REMARKS"). IF YOU MAKE ANY DISPARAGING REMARKS, THEN YOU EXCLUSIVELY ASSIGN ALL INTELLECTUAL PROPERTY RIGHTS, INCLUDING COPYRIGHTS, TO AFPS FOR ANY SUCH DISPARAGING REMARKS INCLUDING BUT NOT LIMITED TO WRITTEN, PICTORIAL, AND/OR ELECTRONIC COMMENTARY. THIS ASSIGNMENT SHALL BE OPERATIVE AND EFFECTIVE AT THE TIME OF YOUR CREATION (PRIOR TO PUBLICATION OR DISSEMINATION) OF THE DISPARAGING REMARKS.

## SECTION 8

### MOTOR VEHICLE AND PROCEDURE DATE POLICY

You are advised not to operate a motorized vehicle or power equipment on the day of surgery. The drugs administered during the procedure may impair driving ability and you should not drive when you are on any sedating medications such as sleeping pills, antihistamines, muscle relaxants, anti-anxiety medications, clonidine, and pain medications. AFPS recommends that you have someone drive you to and from our facility the day of your procedure, if you are taking pain or sedation medications.

You hereby release and hold AFPS and Dr. Phillip Young harmless from any and all actions, loss or injury sustained by you or any third party as a consequence of your operation of any motorized vehicle or equipment while under the influence of sedating medications prescribed to you.

## SECTION 9

### SMOKING

**NO SMOKING FOR AT LEAST TWO (2) WEEKS BEFORE AND AFTER YOUR PROCEDURE!!!**  
You have been informed by AFPS that you are not to smoke for at least two (2) weeks before and after your scheduled procedure at AFPS. If you are unable to maintain this



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nonsmoking policy before the procedure, then you must notify AFPS immediately to reschedule your procedure date. If you are unable to maintain the nonsmoking policy after your procedure, then you must notify AFPS and your doctor immediately to assess your health risk and seek appropriate medical attention as necessary. You understand that this policy is in place for your health and safety and you shall not hold AFPS and Dr. Phillip Young responsible for any negative result which may have been directly or indirectly caused by smoking.

You hereby attest that you have read and understood the above information carefully and have had all your questions answered before signing the consent form.

#### SECTION 10 ADVANCED MEDICAL DIRECTIVE

You acknowledge that you have been informed that your Advanced Medical Directive will be suspended while you are being treated at AFPS. You have given a copy of your Advanced Medical Directive document to the staff at AFPS; in the event that it is necessary that you be transferred to a hospital for acute care, every effort will be made to assure that a copy of this document will accompany you. You understand that it is not the responsibility of AFPS to advise each care provider (emergency responders, emergency room, acute care facility, etc.) of your Advanced Medical Directive and that you should keep a copy of your Advanced Medical Directive with you and your designated health care proxy should also maintain a copy of the form.

If no copy of the Advanced Medical Directive is supplied for your medical record, you release AFPS from any obligation or responsibility related to your status in this regard.

#### SECTION 11 CONSENT TO DRAW LABS FOR EXPOSURES

By signing this consent I also allow Aesthetic Facial Plastic Surgery and its Staff to carry out necessary blood work in the event of an accidental needle stick. The purpose of this is to allow Aesthetic Facial Plastic Surgery and its Staff to test your blood to see if you are a carrier of certain types of diseases including, but not limited to, Human Immunodeficiency Virus, Hepatitis, Syphilis, etc.

Date: \_\_\_\_\_

\_\_\_\_\_  
[signature]



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## POST-TREATMENT INSTRUCTIONS

The following post-treatment procedures should be followed:

- Cold Compresses may be used immediately after treatment to reduce swelling. It is suggested to use a soft cloth dipped in cold water, wrung out, and applied to the injection area.
- Avoid touching the treated area within six hours following treatment to avoid injuring your skin. Afterwards, the area can be gently washed with soap and water.
- Avoid exposing the treated area to intense heat or UV lamp exposure until there is no redness or swelling.
- If you suffer from cold sores, there is a risk that the needle punctures could contribute to another recurrence. Speak to your physician about medications that may minimize a recurrence.
- Avoid taking aspirin, non-steroidal anti-inflammatory medications, St. John's Wart and high doses of Vitamin E supplements for one week after treatment. These may increase bruising and bleeding at the injection site.



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## CONSENT FOR KYBELLA INJECTIONS

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you concerning Kybella Injections, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for your treatment as proposed by your plastic surgeon and agreed upon by you.

### **GENERAL INFORMATION**

Kybella Injections is a technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, knees, calves and ankles. Currently, the U.S. Food and Drug Administration has approved Kybella (deoxycholic acid), a treatment for adults with moderate-to-severe fat below the chin, only for the submental region. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Kybella Injections may be performed as a primary procedure for body contouring or combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for Kybella Injections are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after Kybella Injections. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Kybella Injections by itself will not improve areas of dimpled skin known as "cellulite."

Support garments and dressings are worn to control swelling and promote healing. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after your treatment.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in addition to Kybella Injections in some patients. Risks and potential complications are associated with alternative surgical forms of treatment.

### **RISKS OF KYBELLA INJECTIONS**

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you completely understand all possible consequences of Kybella Injections.

**Patient Selection-** Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be good candidates for Kybella Injections.



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**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after your treatment. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Intra-operative blood transfusions may be required. Hematoma can occur at any time following injury and may contribute to infection or other problems. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets. Do not take any aspirin or anti-inflammatory medications for ten days before or after your treatment, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets

**Infection-** Infection is unusual after your treatment. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after Kybella Injections.

**Scarring-** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations and "bunching" due to the amount of excess skin. Scars may be asymmetrical (appear different between right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

**Change in Skin Sensation-** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery and some procedures. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

**Skin Discoloration / Swelling-** Bruising and swelling normally occurs following Kybella Injections. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Contour Irregularities-** Contour and shape irregularities and depressions may occur after Kybella Injections. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Asymmetry-** Symmetrical body appearance may not result from Kybella Injections. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional surgery may be necessary to attempt to improve asymmetry.

**Seroma-** Fluid accumulations infrequently occur in areas where Kybella Injections has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.

**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.

**Pain-** You will experience pain after your treatment. Pain of varying intensity and duration may occur and persist after Kybella Injections. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.



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**Skin Sensitivity-** Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery and some treatments. Usually this resolve during healing, but in rare situations it may be chronic.

**Damage to Deeper Structures-** There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**Delayed Healing-** Wound disruption or delayed wound healing is possible. Some areas may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

**Allergic Reactions-** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery & other treatments and some treatments and prescription medications. Allergic reactions may require additional treatment.

**Fat Necrosis-** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Pubic Distortion-** It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

**Umbilicus-** Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

**Persistent Swelling (Lymphedema)-** Persistent swelling in the legs can occur following Kybella Injections.

**Surgical Shock-** In rare circumstances, Kybella Injections and other procedures can cause severe trauma, particularly when multiple or extensive areas are suctioned at one time. Although serious complications are infrequent, infections or excessive fluid/blood loss can lead to severe illness and even death. If surgical shock occurs after Kybella Injections, hospitalization and additional treatment would be necessary. Individuals undergoing Kybella Injections procedures where a large volume of fat is removed are at greater risk of complications.

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications-** Surgery & other treatments, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of suction-assisted Lipectomy. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Unsatisfactory Result-** Although good results are expected, there is no guarantee or warranty expressed or



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implied, on the results that may be obtained. You may be disappointed with the results of Kybella Injections. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. Additional surgery and some treatments may be required to attempt to improve results.

## ADDITIONAL ADVISORIES

**Metabolic Status of Massive Weight Loss Patients-** Your personal metabolic status of blood chemistry and protein levels may be abnormal following massive weight loss and surgical procedures to make a patient loose weight. Individuals with abnormalities may be at risk for serious medical and surgical complications, including delayed wound healing, infection or even in rare cases, death.

**Long-Term Results-** Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your your treatments.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Your treatments-** Your treatments involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

**Body-Piercing Procedures-** Individuals who currently wear body-piercing jewelry or are seeking to undergo body-piercing procedures must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, hospitalization or additional surgery may be necessary.

**Mental Health Disorders and Elective Surgery & other treatments-** It is important that all patients seeking to undergo elective surgery & other treatments have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery & other treatments, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery & other treatments, effects on mental health cannot be accurately predicted.

**Medications-** There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery & other treatments, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.



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## Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

**It is important to refrain from smoking at least 2 weeks before and after surgery & other treatments and until your physician states it is safe to return, if desired.**

### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long-term result from Kybella Injections. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with a Kybella Injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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 COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery & other treatments and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery & other treatments until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery & other treatments.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations and procedures such as Kybella Injections or any complications that might occur from surgery & other treatments. Please carefully review your health insurance subscriber-information pamphlet or contact your insurance company for a detailed explanation of their policies. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery & other treatments involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery & other treatments is performed. Depending on whether the cost of surgery & other treatments is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to



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revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery & other treatments. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

**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), including no surgery. 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 current 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.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**



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## CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Young and such assistants as may be selected to perform the following procedure or treatment: Kybella Injections

I have received the following information sheet: Informed Consent - Kybella Injections

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 involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
10. I realize that not having the operation is an option.
11. 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

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

**\*\*Consent to Be Signed Electronically as Part of the Medical Record\*\***



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**Dr. Philip Young**  
**AESTHETIC FACIAL PLASTIC SURGERY, PLLC**  
**1810 116th Avenue NE #102**  
**Bellevue, WA 98004**

### **CARETAKER CONSENT FORM**

Your post-operative care is critical. Once you leave our office, your care will no longer be in our control and, therefore, you must have someone watching you carefully who can provide you the right doses of medicines. That is why our doctors recommend that you have 24 hour nursing care from a qualified nursing center. If instead you choose to have a family member or friend watch over you, then you must ensure that the person you select is qualified to take care of you during this critical state. Failure to have proper post-operative care may result in slowing your recovery, permanent damage and even death. Do not take the appointment of your caretaker lightly.

*We reserve the right to send you to an aftercare facility if we deem that your caretaker is not of sufficient status to care for you in the first 24 hours.*

#### FOR PATIENT TO SIGN

I \_\_\_\_\_ (full name) appoint \_\_\_\_\_ (full name) as my post-operative caretaker for my surgery on \_\_\_\_\_ (date). I understand that the doctors recommend that I have qualified 24 hour nursing care, but I choose this person as my caretaker and accept the risk of my decision. I also understand that my private medical information will be disclosed to my caretaker as needed to help with my recovery. I also understand that any failure on the part of my caretaker does not create a liability to AFPS, which is not responsible for my choice in caretaker and his/her abilities. I remain solely responsible for my decision.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR CARETAKER TO SIGN

I \_\_\_\_\_ (full name) agree to care for \_\_\_\_\_ during the post-operative period of 24 hours or more as necessary after surgery on \_\_\_\_\_ (date). I do not take this obligation lightly and understand that I could be liable for failure to care for the patient properly. I will keep patient's medical information



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confidential and will not disclose said information to anyone except those people involved in patient's care. I agree to monitor the patient's vital signs by doing the following and keeping a record of my care:

Staying in the same room as the patient;

Making sure breathing is strong;

Asking questions to make sure patient is able to respond;

Making sure that the patient uses the restroom regularly;

Giving liquids and food as directed;

Giving the proper doses of medicine and recording patient's response.

All of these measures should be done on a regular basis over the course of the night. The intervals can be as frequent as every 5-15 minutes depending on the condition of the patient that you are caring for. If I have any question at all, I will call the doctor at 425 990 3223 or other numbers that are supplied to me. If there is any problem, I will immediately call 911 and the doctor at 425 990 3223 or other numbers that are supplied to me..

I also understand that signing this form does not create a relationship between myself and AFPS; instead, my sole relationship is with the patient, who has chosen me to be the caretaker. Any failure on my part does not make AFPS liable in any way.

My phone numbers are: \_\_\_\_\_

Caretaker signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **PAIN MANAGEMENT AGREEMENT**

I understand that I have a right to comprehensive pain management along with the surgery that I will undergo. I wish to enter into a treatment agreement to prevent possible chemical dependency. I understand that failure to follow any of these agreed statements might result in Aesthetic Facial Plastic Surgery, PLLC ("AFPS") and their physicians to not provide ongoing care for me.

I agree to undergo pain management by Aesthetic Facial Plastic Surgery, PLLC. Pain Management provided by AFPS is for the purpose of post-operative plastic surgery. I agree to the following statements:

I will not accept any narcotic prescriptions from another doctor unless approved by all physicians.

I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications will cause severe withdrawal syndrome.

I will only take the medication as directed by AFPS.

I understand that I must keep my medications in a safe place.

I understand that AFPS will not supply additional refills for the prescriptions of medications that I may lose.

If my medications are stolen, AFPS will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office.

I will not give my prescriptions to anyone else.

I will only use one pharmacy.

I will keep my scheduled appointments with AFPS unless I give notice of cancellation 24 hours in advance.

I understand that pain medications can affect my breathing and could lead to life threatening situations if I am not careful. I understand that I should not take too much medication that I am too tired or drowsy that will lead me to stop breathing and result in death. I understand that I have a maximum amount that I can take in a 24 hour period but



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that some people respond differently and this maximum may be less than what is stated and that I need to see how the medication is affecting me.

I understand that if there is any question or concern regarding taking pain medications or taking too much pain medication then I will contact your Doctor immediately or call 911.

I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by AFPS.

My treatment plan may change based on outcome of treatment, especially if pain medications are ineffective. Such medications will be discontinued.

I understand that AFPS believes in the following "Pain Patients' Bill of Rights."

You have the right to:

Have your pain prevented or controlled adequately.

Have your pain and medication history taken.

Have your pain questions answered.

Know what medication, treatment or anesthesia will be given.

Know the risks, benefits and side effects of treatment.

Know what alternative pain treatments may be available.

Ask for changes in treatments if your pain persists.

Receive compassionate and sympathetic care.

Receive pain medication on a timely basis.

Refuse treatment without prejudice from your physician.

Include your family in decision-making.

Termination Clauses



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The doctor may terminate this agreement at any time if he/she has cause to believe that I am not complying with the terms of this agreement, or to believe that I have made a misrepresentation or false statement concerning my pain or my compliance with the terms of this agreement. Proof or verification of such beliefs is not required for termination and discontinuation of care.

I understand that I may terminate this agreement at any time.

If the agreement is terminated, I will not be a patient of AFPS or your particular physician and would strongly consider treatment for chemical dependency if clinically indicated.

\_\_\_\_\_ Date: \_\_\_\_\_  
Patient/Guardian Signature

Print Patient/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Physician Signature

Print Physician Name: \_\_\_\_\_



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## **PHOTOGRAPHIC / VIDEOGRAPHIC DOCUMENTATION CONSENT FORM**

I hereby give my consent to the taking of photographs and/or video by Aesthetic Facial Plastic Surgery, PLLC ("AFPS") of me or parts of my body in connection with the procedure(s) to be performed by the physician at AFPS for the sole purpose of internal use at AFPS.

I provide this authorization as a voluntary, yet private contribution: (i) for use in my medical files - patient chart - at AFPS; (ii) in the interests of the physician and office staff; (iii) for the purpose of facilitating consultations and procedural explanations to/for me; (iv) for AFPS training purposes. I understand that such photographs shall become the property of AFPS and may be retained by AFPS but will not be released by AFPS for any purposes such as print, visual or electronic media, medical journals and/or textbooks, or for the purpose of informing the medical profession or the general public about plastic surgery procedures and methods.

I understand that I may be asked to sign a separate consent in the future for the purpose of releasing my photos for other uses such as advertising for the rights of AFPS, but will not be required to do so, and may refuse.

I understand that I may refuse to authorize the release of my photos for internal use and that my refusal to consent to the release will not affect the health care services I presently receive, or will receive, from AFPS.

I understand that I have the right to inspect and copy the information that I have authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation.



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I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I release and discharge AFPS, the physicians, and all parties acting under the license and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publications of the photographs.

I certify that I have read the above Authorization and Release and fully understand its terms. If signing on behalf of a minor, I certify that I am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

**\*\*Consent Will Be Signed Electronically As Part of the Medical Record\*\*-**