



AESTHETIC FACIAL PLASTIC SURGERY PLLC
DR. PHILIP YOUNG, MD

Informed General Consent Form and Agreement

Consent Form Instructions

Please read this consent form *carefully* and *completely*. Your initials at the bottom of each page indicate that you have: (i) read; (2) understand; and (3) have had an opportunity to ask questions regarding each section of this form. You also understand that for each specific procedure, you will be required to sign additional consent forms addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures you will be undergoing while under the care of Aesthetic Facial Plastic Surgery, PLLC. ("AFPS")

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 the visible signs of aging, but cannot stop the process of aging. Since each individual is different, the risks and results of these procedures will vary from person to person. These procedures are performed under local or general anesthesia and the results to the procedures you may undergo will vary. 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

Alternative forms of treatment consist simply not treating the face and neck region with these procedures. There are also surgical and nonsurgical methods for improving facial aesthetics and AFPS will provide you with the options that AFPS provides. You should have a thorough discussion with your treating physician on your options and alternatives.

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 the comparison of the risk to potential benefit among other things. Although the majority of patients do not experience the following complications, you



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should discuss each of them with your physician to make sure you understand the risks, potential 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.

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, possibly longer or permanent, Itching, Redness of scars.

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

SECTION 4 Follow Up 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 follow up appointments as directed and make sure that you promptly contact your Physician and seek emergency care in case of a medical emergency.

SECTION 5 Disclaimers

I understand that AFPS will request or require me to sign the following consent forms: Patient HIPAA Consent Form, General Instruction Form, Photographic/Videographic Documentation Consent Form, Pain Management Agreement, Consent forms for each individual procedure I 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.

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 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 individual case and are subject to change as science, knowledge, and technology advance and as practice patterns evolve.



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1. For Purposes of advancing medical education, I consent to the admittance of observers to the operating room.

2. I consent to the disposal of any tissue, medical devise or body parts which may be removed.

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

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

I also consent to have my photographs used for medical, educational, and scientific purposes.

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 you consent to this reservation.

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

Note: Since smokers have a higher rate of respiratory complications and delayed wound healing, smoking is not recommended for 2-3 weeks before or after the surgery.

SECTION 6 Refund Policy

I AM AWARE THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND ACKNOWLEDGE THAT NO GUARANTEES OR PROMISES HAVE BEEN MADE TO ME ABOUT THE RESULTS OF THE PROCEDURE.

I ALSO UNDERSTAND THAT MY RESULTS AND RECOVERY WILL VARY AND MAY NOT BE SIMILAR TO THE RESULTS AND RECOVERY OF THAT OF OTHER PATIENTS INCLUDING THOSE DEPICTED IN AESTHETIC FACIAL PLASTIC SURGERY, P.S ADVERTISING.



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BE SURE TO ASK YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS ABOUT YOUR CARE OR PROCEDURE.

A **\$500 non-refundable** fee will be collected at the time you schedule your surgery. The \$500 deposit will be applied towards your surgery balance, which is then due at the time of your pre-op appointment, and is scheduled 2 weeks prior to your surgery date. If you choose to cancel your surgery for any reason before your pre-op appointment, the \$500 deposit is transferable to other services/procedures and/or products, but is still **non-refundable**.

If you decide to cancel your surgery during or after your pre-op appointment for any reason except medical necessity, the \$500 deposit will not be refunded or transferred as credit. If you cancel less than 7 days before surgery, a facility fee of \$300 will be assessed for every hour reserved for your procedure. This fee will be deducted from the total surgery payment and the remaining balance will be refunded (with exclusion of the \$500 deposit fee). Should Dr. Young cancel your surgery for any reason, you are entitled to a full refund including your deposit if you cannot reschedule.

After your procedure, full refunds will not be given and any refund will be a credit toward future purposes and procedures, less Dr. Young's time prorated based on his hourly rate of \$1000/hr. It is important to discuss your expectations with your medical provider before the procedure. Our goal is to help you achieve the results you desire.

There will be a \$35 return check fee for all returned checks.

If you have any questions regarding our financial or refund policy, feel free to ask our Patient Care Coordinator or Office Manager.

SECTION 7

Children & Pets Policy

While we love children and pets, a plastic surgeon's office is not the best place for them. Our patients prefer to enjoy peace and quiet, and that is why we request that you do not bring children and pets to the office. We appreciate your understanding.

It is important that you have read the above information carefully and have all your questions answered before signing the consent form.