



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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Your Anesthesia Experience

Anytime you undergo anesthesia, your general health condition must be considered. Depending on your age and the results of your history and physical, you may need pre-operative testing such as blood work, chest x-ray, or EKG. This is done to ensure that your current health does not put you at any additional unnecessary risk while under anesthesia.

There Are Four Levels Of Sedation That We Offer:

Local Sedation

A local anesthetic agent such as Novocaine, Xylocaine, or Marcaine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

Conscious Sedation with Registered Nurse and the physician

Versed or Fentanyl is administered through an intravenous line by our nurse. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.

Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to



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become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

We ask that you strictly avoid food and liquids 6 hours before your procedure. This is done for your protection to empty your stomach and prevent aspiration of food or fluid from the stomach into the lungs during anesthesia. Importantly, prior to this point we would like you to drink 64 ounces of fluid with solutes in it like Gatorade, Grape Juice, v8 etc. (Gatorade is probably the best). Your urine should be clear by the time you go to bed. If you are just having local anesthesia with your procedure and no sedation with the physician, you may be allowed to have something light before your procedure BUT YOU SHOULD ASK THE PHYSICIAN BEFORE DOING THIS.

Either prior to or on the day of surgery, your anesthesiologist or nurse will have questions for you regarding your health, height, weight and past anesthesia experiences. Complete and honest answers are required to assist your anesthesiologist or nurse in planning and administering the safest level of anesthetic possible. As you wake up from your anesthesia, your vitals will still be monitored closely for a half an hour. Often you will be given additional medications for discomfort and/or nausea. Once you are awake and aware, you may be released to a responsible adult to go home with you. Please follow the post-operative instructions closely regarding supervision requirements and activity restrictions. Drinking lots of fluids will help rid your body of the medications used for anesthesia more quickly.



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Pre-Procedure Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions.

Two Weeks Prior to Your Procedure and After Procedure

NO ASPIRIN or medicines that contain aspirin* since it interferes with normal blood clotting.

NO IBUPROFEN or medicines contain ibuprofen* as it interferes with blood clotting.

Please DISCONTINUE ALL HERBAL MEDICATIONS* as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.

Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.

NO “MEGADOSES” OF VITAMIN E (which is anything greater than 40IU), but a multiple vitamin that contains E is just fine.

NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing at least 2 weeks before and after your procedure.

You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.

Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.

One Week Prior to Your Procedure

DO NOT take or drink any alcohol or drugs for one week prior to your procedure and one week after your procedure as these can interfere with anesthesia and affect blood clotting.

DO NOT color your hair from this point on and for one month after your procedure.

If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before your procedure.

DO report any signs of cold, infection, boils, or pustules appearing before your procedure.

DO NOT take any cough or cold medications without permission.



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DO arrange for a responsible adult to drive you to and from the facility on the day of your procedure, since you will not be allowed to leave on your own. We will have a caretaker form for your caretaker to sign.

DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.

Day Before Your Procedure and Morning of Your Procedure

We may prescribe Clonidine to you that you should take the day before your procedure; ½ to 1 tablet in the morning and again at night; and that will continue for 48 hours after your procedure.

If you are having oral or conscious sedation you should have nothing to eat or drink (but you can have a little sip of water to take your usual medications) 6 hours before your procedure. Also, no gum, candy, mints or coffee the morning of your procedure. Do not sneak anything as this may endanger you. If you are just having your procedure under local anesthesia in our office you can eat something light up until your procedure.

If you are on regular medications, please clear these with Your physician. Otherwise, please make sure to bring all of the medications prescribed by Your physician with you on the day of the procedure and your own medications that you regularly take.

DO take a thorough shower with your germ-inhibiting soap the night before and the morning of your procedure. Shampoo your hair the morning of your procedure. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.

DO NOT apply any of the following to your skin, hair or face the morning of your procedure: make-up, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.

You may brush your teeth the morning of your procedure but do not drink anything unless you are having the procedure in our office under local anesthesia without oral or conscious sedation.

DO NOT wear contacts to your procedure. If you do wear glasses, bring your eyeglass case.

DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.

DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.



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You must have an adult drive for you – to and from your procedure. Please note that a cab or bus driver will not be allowed to take you home after your procedure. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.

If you are not recovering at home, it is very important that we have the number where you will be after your procedure.



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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 food items on this list. You can eat these foods. **We just ask you to avoid eating large amounts of those foods that could contribute to more bleeding.** Thank you.

Aspirin Medications to Avoid: *Affect blood clotting.*

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



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Mesalamine	Orudis products	Rowasa	Supac
Methocarbarnol	Oxycodonc	Roxeprin	Suprax
Micrainin	Pabalate products	Saleto products	Synalgos-DC
Mobidin	P-A-C	Salflex	Talwin
Mobigesic	Pain Reliever Tabs	Salicylate products	Triaminicin
Momentum	Panasal	Salsalate	Tricosal
Mono-Gesic	Pentasa	Salsitab	Trilisate
Motrin products	Pepto-Bismol	Scot-Tussin Original	Tussanil DH
Naprelan	Percodan products	5-Action	Tussirex products
Naproxen	Phenaphen/Codeine	Sine-off	Ursinus-Inlay
Night-Time	#3	Sinutab	Vanquish
Effervescent Cold	Pink Bismuth	Sodium Salicylate	Wesprin
Norgesic products	Piroxicam	Sodol Compound	Willow Bark products
Norwich products	Propoxyphene	Soma Compound	Zorprin
Olsalazine	Compound products	St. Joseph Aspirin	
Orphengesic products	Robaxisal	Sulfasalazine	

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.*



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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	

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	Sulfipyrazone
Accutrim	Emagrin	Pentoxifylline	Tenuate
Actifed	Enoxaparin injection	Persantine	Tenuate Dospan
Anexsia	Flagyl	Phenylpropanolamin	Thorazine
Anisindione	Fragmin injection	e	Ticlid
Anturane	Furadantin	Prednisone	Ticlopidine
Arthritis Bufferin	Garlic	Protarnine	Trental
BC Tablets	Heparin	Pyrroxate	Ursinus
Childrens Advil	Hydrocortisone	Ru-Tuss	Virbamycin
Clinoril C	Isollyl	Salatin	Vitamin E
Contac	Lovenox injection	Sinex	Warfarin
Coumadin	Macrochantin	Sofarin	
Dalteparin injection	Mellaril	Soltice	

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.)



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

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



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Vitamin E

Willow bark

Yellow root

Yohimbe

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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Post-Operative Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for your specific procedure. Notify your physician of any unusual changes in your condition and feel free to call the office with any questions.

You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.

After your procedure you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to your procedure. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself. Hence, you should always record how much and at what time you take your medications after your procedure.

The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.

DRINK fluids to help rid the body of the drugs used in your procedure. If you have straws in the house you will tend to drink more fluids the first few days after your procedure.

Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice; otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.

Please avoid the use of alcoholic beverages for the first 2 weeks after your procedure (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).

Take only medications that have been prescribed by your physician for your postoperative care and take them according to the instructions on the bottle. Your pain medication may make you feel “spacey”; therefore, have someone else give you your medications according to the proper time intervals. You and your caretaker should record how many pills you have, how much and what you are given at each dosage, at what date and time the drugs were given each and every time medications are given to you.

If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and call 911 and you may also call our office immediately, as this may be a sign of a drug allergy.



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You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.

Call (425) 990-3223 if you have: SEVERE PAIN not responding to pain medication; swelling that is greater on one side than the other; incisions that are RED OR FEVERISH; a FEVER; or if any other questions or problems arise.

Keep any DRESSINGS ON, CLEAN AND DRY. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.

After your procedure it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move. If it persists you can call your Doctor anytime or our office.

Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.

Limit lifting, pulling or pushing for the first 2 weeks. The limit of lifting should be anything under 5 pounds.

Having your head of your bed elevated 45 degrees will help your swelling. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.

You are requested to remain within a reasonable traveling distance of the office for approximately 7-10 days.

Once cleared to shower you may do so every day. We usually allow this 72 hours after your procedure. Please do not use the bathtub for 2 weeks. For the first 2 weeks, you should avoid really hot showers. Lukewarm showers will prevent you from having bleeding, oozing and more swelling.

NO SMOKING for the first 2 weeks before and after your procedure. Any cheating will delay healing.

You may drive once you are off the pain pills and any sedating medications, and when you experience no pain with this activity (you need to be able to react quickly).

All surgeries involve some scarring, which can take up to a year to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 45 or higher) can help and will protect the surrounding tissues that might not feel sunburn developing while the



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nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.

DO NOT use a hot tub for 4 weeks.

AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, and swelling).

You may return to work when you feel able and are cleared to do so by your surgeon.

Do not color your hair for 1 month after your procedure.

Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.



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C02 Laser Treatment (Minor Procedure) Before and After Instructions

Congratulations on completing your procedure (or the procedure you are about to complete). The following instructions have been created for you. If you have any questions please call us at 425-990-3223. If you reach our voice mail there are other numbers that you can reach your Doctor after business hours. But for true emergencies you should call 911.

The following health conditions are contraindicated for CO2 laser resurfacing. If you have a history of any of the following; you may need to reconsider having CO2 laser resurfacing treatment.

- Current or history of cancer, especially malignant melanoma, or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Any active infection.
- Disease which may be stimulated by light at 560nm to 1200nm, such as history of recurrent Herpes simplex, systemic lupus erythematosus, or porphyria.
- Use of photosensitive medication and / or herbs that may cause sensitivity to 560-1200m light exposure such as Isotretinoin, tetracycline, or St John's Wort (Best Avoided for at least one year before your resurfacing).
- Immunosuppressive disease, including AIDS and HIV infection, or use of immunosuppressive medications.
- Patient history of hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding coagulopathies, or use of anticoagulants.
- History of keloid or hypertrophic scarring.
- Very dry skin.
- Exposure to sun or artificial tanning during the 3-4 weeks prior to treatment. Sunblock should be applied 2 weeks or more before your procedure using a product that is sensitive for the skin and contains titanium dioxide or zinc oxide-containing sunblock.
- Skin type V1 or very dark, black skin types.
- Pregnancy and nursing.
- Ectropion, outward turning of the lower eyelid and excessively dry eyes, previous lower Blepharoplasty.



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- Koebnerizing diseases, prior radiation therapy leading to a loss of adnexal structures, extensive fibrosis resulting from prior cosmetic treatments (e.g., dermabrasion, deep chemical peels, silicone injections).

Before Your Laser Treatment:

- The following are some instructions before and after your Co2 laser resurfacing procedures. You can find additional information on our website at this link:

<http://www.drphilipyoung.com/procedures/laser-resurfacing/>

- Have On Hand:
 - Cetaphil Gentle Moisturizer and Cleanser or other similar product
 - White vinegar for post-treatment cleaning
 - Vaseline
 - Hydrocortisone 1% OTC (only if you have excessive itching)
 - Oral Benadryl (only if you have excessive itching)
 - SPF 30 or higher
 - Mineral makeup
 - Frozen washcloths (dip washcloths in water, fold and place in freezer, or frozen peas or frozen ice bag)
 - Artificial Tears and Eye lubricant, such as Systane or Lacrilube (only if you are having the laser treatments around your eyes)
- We may prescribe the following medications or other medicines, based on your needs: Tretinoin (RetinA / retinol complex), A Skin Lightener, Tylenol #3, Keflex or Clindamycin, and Valtrex. In some cases where you will be just having a mole removal done or if it is for a small area of scarring, you may not need any or all of these topicals. You should check with your doctor to see if all of these medications and things are needed if you are having less than your full face | full neck treated or some other area treated with the co2 laser.
- 4 – 5 weeks before treatment, read through the medication information at www.rxlist.com to see if there is any reason you should not use these topical medications: Tretinoin (RetinA), Hydrocortisone and A Skin Lightener.
- Start ONE of these prescriptions, applying a light layer and waiting several days for all of the redness to go away before starting the next coat. Repeat until you are able to use them as directed below. After the first medication is tolerated at max doses, then start the next medication in the same way. All three of these medications should eventually be used at the same time:
 - Apply Tretinoin (RetinA) 0.025% gel at night (Qhs); it will be in 45g tube.



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- Apply the Skin Lightener and Hydrocortisone and build up to twice a day (morning and night); 45g tube.
- Do NOT expose your skin to sun. Make sure to apply SPF 20 or greater daily.
- Do not use self-tanning products.
- 2 weeks before your treatment you should decrease alcohol consumption.
- 1 week before your treatment you should:
 - STOP the Tretinoin, Hydrocortisone and the Skin Lightener and make sure that you have been on these for at least 2 weeks and better 4 weeks before this one week point
 - STOP DRINKING ALCOHOL.
- 3 days before your laser treatment, start Valtrex 500mg orally twice daily and continue for a total of 10 days. Again Valtrex may not be prescribed for you if you are doing other areas of your body.
- 1 day before call to make sure that you have all of your questions answered.
- On the day of your procedure, come to the office with the area that we are going to treat with the laser clean; no eye make-up, no lotion, no sunscreen. Be sure to be on time. You may need extra time for topical anesthetic. Do not wear contact lenses. You will need someone to drive you home.
- 1 hour before the treatment, you will take antibiotics, either:
 - Keflex 500 mg orally 4 times a day and continue for 7 days;
 - If you are allergic to Penicillin or Cephalosporins, you might be prescribed Clindamycin 300 mg orally 4 times a day.

After Your Laser Treatment:

- Be prepared for crustiness, peeling and itching for several days after the procedures. Day by day improvement is exciting, but the first 4-5 days can be challenging.
- If needed, keep the area cool with cold compresses. Avoid direct sunlight walking to your car.
- Turn on the air conditioner and aim it at your treated area for the ride home.
- If you wear glasses, place a piece of gauze between the bridge of your nose and glasses to avoid irritation if the treatment was on your face and in this area.
- If prescribed, you can start taking your pain medication, but do not take so much as to make you drowsy. Keep your pain level around 3-4 on a scale of 10, where 10 is the worst pain that you have ever experienced in your life and 0 is no pain. You should not have your pain at level 0. This could be a dangerous amount of pain medication that you are using to keep your pain at this level.
- You can shower but never let the water directly hit the areas that were exposed to the laser and should avoid hot temperatures, keep it lukewarm for the first 2 weeks
- You should avoid hot (temperature) and spicy foods and keep everything bland in your diet for the first 2 weeks.



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- You should never remove the crusts by peeling them off. They should fall off naturally with your constant cleansing of your skin as described below.

First 2-4 Hours After Treatment:

- You can take an analgesic (e.g., Acetaminophen) for discomfort. We may also prescribe a pain medication for you to take if needed.
- Apply cool compresses to the treated areas, but try to avoid direct contact to skin. Put a cloth between the cooling agent and the skin. You can ice your treated areas 15min every hour.
- You may blow air from a fan to help with the cooling.
- When intense heat subsides, start cleaning:
- Wash the treated area every 2-3 hours **and more** if you have more crusting, by lathering your hands with Cetaphil or other suggested Sensitive cleanser. Pat the soap on the treated area without any rubbing. Rinse off gently with water.
- Then follow this cleaning by Rinsing with a wash of 1-3 teaspoons of vinegar in 1 quart of water. Do this rinse every 2-3 hours following the cleanser **or more** if you have more crusting (It can be as frequent as every hour if there is persistent crusting). As you wash, the crusts become more hydrated and are more likely to fall off. **Crusting can cause infections and scarring so it is important to hydrate them so they can fall off.**
- Apply a light coat of Vaseline to cover the treated areas for 1-2 weeks until your skin has healed over and the peeling has finished.
- Never take off the peeling skin; it should fall off on its own through the constant cleaning.
- You can shower the day after but do not let the shower water directly hit the treated area because it can lead to the skin being peeled off forcefully and cause scarring.
- Start taking your antibiotics and continue anti-viral medications until you finish them.
- Do not use any active or harsh products for at least 3 to 4 weeks after your treatment. The surface skin is brand new and needs to normalize.

First Night:

- Wash the treated area as above using gentle cleanser lather patted gently on the skin rinsing with cool water. Never rub or massage the treated area, as this could lead to scarring.
- Then rinse with vinegar water solution to prevent infections and help healing.
- Apply Vaseline at all times for the first 1-2 weeks to help the skin heal.
- Place a towel over your pillow to protect from the Vaseline (occlusive ointment).
- Sleep on your back with your head or the treated area slightly elevated; continue this every night until swelling subsides.



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- If you experience eye irritation, use eye lubricant, such as Systane or Lacrilube before you go to sleep at night. You can also apply artificial tears every 30-60 minutes during the healing process for eye irritation.

Day 1 (First Day After Treatment):

- Stay indoors and avoid direct sunlight.
- Continue washing the treated area every 2-3 hours and more if you have more crusting with gentle cleanser lather patted gently on the skin rinsing with cool water. Never rub or massage the treated area, as this could lead to scarring.
- After cleansing apply the vinegar disinfectant solution.
- You can take a lukewarm shower and wash your hair, but do not let the water hit your treated area, which could force off the skin and lead to scarring.
- Do not remove the flaking, peeling skin.
- Re-apply a light coat of Vaseline to the treated area after each cleaning.
- Drink lots of liquids and eat healthy foods. Avoid alcohol.
- Avoid exercising until the treated area is healed.
- You should avoid sun exposure as much as you can for the first 6 months.

Day 2:

- Continue washing the treated area up to 4 times a day and more if you have more crusting and rinsing with vinegar water solution to prevent infections and help healing.
- Apply Vaseline at all times for the first 1-2 weeks to help the skin heal.
- Itching, particularly along the jaw-line, tends to begin on this day. Hydrocortisone 1% OTC and oral Benadryl may reduce itching. Before doing this you should discuss this with your Doctor.
- Avoid picking or scratching, which could lead to scarring.

Day 3:

- Continue washing the treated area up to 4 times a day and more if you have more crusting and rinsing with vinegar water, and applying Vaseline.
- Itching may persist.
- Certain areas of the treated area will begin exfoliating today, leaving behind soft pink tissue.

Day 4 – 7:

- Itching has usually subsided.



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- Continue your cleaning regime and continue applying the light coat of Vaseline.

Day 7:

- You can begin to transition from Vaseline to a non-occlusive gentle moisturizer but check with your Doctor before doing this.
- If you are ever unsure about your products, you can call the office to discuss your options.
- Continue your cleaning regime.

Day 10:

- If the treated area is healed, you can start your regular skin care program but check with your Doctor first, provided you do NOT use harsh, active, acidic products for up to 4 weeks after your treatment (do not use PreVage, RetinA, skin lightener etc.). After 4 weeks, check with your Doctor to see if you can re-start the Tretinoin, Hydrocortisone and Skin lightener.
- Start applying a non-irritating sunscreen with titanium dioxide or parsol 1789 and apply mineral makeup to protect treated areas.
- Avoid excessive sun exposure for the first 6 weeks – although avoiding sun for 6 months would be better, if possible. Hat and clothing can help protect treated areas.
- Slowly start your exercise program.

Weeks 2-4

- Continue to cleanse the skin gently with a Sensitive Skin Cleanser or Cetaphil.
- Gently pat skin dry, never rub.
- Apply recommended Moisturizers to the entire treated area, day and night after cleansing.
- Every morning after applying your regular moisturizer you can apply Sunscreen to protect the skin from damaging UVB and UVA sun rays.

Week 4

- Once the skin has healed over you may do a test spot with the Skin Lightener and Retinol to see how your skin reacts. If there is no reaction you may start applying the topical medications as directed. Your Doctor will help you through this stage as well.



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- If there is a reaction discontinue and try another test spot in one week.

Call your Doctor at 425.990.3223, if you have any questions.



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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.
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.



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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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**Aesthetic Facial Plastic Surgery, PLLC
1810 116th Ave NE #102
Bellevue, WA 98004**

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



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each specific procedure, he/she will be required to sign additional consent forms 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.

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.



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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 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:



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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.

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



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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.

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



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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 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.



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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 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.

SECTION 12

Patient HIPPA Consent Form



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Your health and health care information is both personal and private. Aesthetic Facial Plastic Surgery, P.S. is dedicated to protecting your health care information. This HIPPA Consent Form provides information about how Aesthetic Facial Plastic Surgery, P.S. may use and disclose your Protected Health Information (PHI).

As part of your medical treatment, Aesthetic Facial Plastic Surgery, P.S. originates and maintains paper and/or electronic records which contain PHI such as: demographic information; personal and family histories; symptoms; examination and test results; diagnoses; past, present and future plans for care and treatment; and information received from other health care providers, your employer and any health care plan. Aesthetic Facial Plastic Surgery, P.S. maintains Privacy Practices and Policies regarding the disclosure of PHI.

The Patient understands that:

- Protected Healthcare Information may be disclosed or used for treatment, billing and payment, or healthcare operations;
- The patient has the right and the opportunity to review Aesthetic Facial Plastic Surgery, P.S.'s Privacy Practices and Policies;
- Aesthetic Facial Plastic Surgery, P.S. reserves the right to change its Privacy Practices and Policies at any time;
- The Patient has the right to request, in writing, restricted disclosure of their PHI, however, Aesthetic Facial Plastic Surgery, P.S. is not bound by the restrictions unless an agreement regarding the requested restrictions has been reached;
- The Patient understand that they will be responsible for copying and mailing charges associated with sending their medical records.
- The patient may revoke their consent, in writing, at any time regarding all *future* disclosures.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or healthcare operations. You have a right to revoke this consent in writing, signed by you and delivered to our office. Revocation will apply to any future disclosures but not to any disclosure already made in reliance on your prior consent or as required by law. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Aesthetic Facial Plastic Surgery, P.S. reserves the right to change its Privacy Practices and Policies at any time. A revised copy of the Privacy Practices and Policies may be requested by contacting the office.

SECTION 13 PHOTOGRAPHIC / VIDEOGRAPHIC DOCUMENTATION CONSENT FORM



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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.

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****



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Date: _____

[signature]

INFORMED CONSENT FOR CO₂ LASER SKIN RESURFACING

INSTRUCTIONS

This is an informed consent document that has been prepared to assist your plastic surgeon inform you concerning CO₂ Laser, 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 surgery as proposed by your plastic surgeon and agreed upon by you.



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GENERAL INFORMATION

The goal of CO₂ laser skin resurfacing surgery is to reduce or partially eliminate facial wrinkles or reduce scarring from skin conditions such as acne. Generally, the results of CO₂ laser skin resurfacing demonstrate improvement in the smoothness of the skin; however, a complete elimination of wrinkles or scarring is not a realistic expectation.

ALTERNATIVE TREATMENT

The alternatives to CO₂ laser skin resurfacing surgery include dermabrasion and other skin care alternatives. The advantages and disadvantages (risks and benefits) of each of these alternatives to CO₂ laser skin resurfacing surgery have been explained to me as well as the alternative of having no surgery, accepting my present skin condition, using cosmetics and considering other methods of skin rejuvenation surgery.

POSSIBLE INTRA-OPERATIVE COMPLICATIONS OF CO₂ LASER SKIN RESURFACING SURGERY

Blindness/Corneal Burns - There is a risk of accidental eye injury by the laser energy or beam, which could cause blindness or burns of the eyeball. This is unlikely since complete eye protection is provided at all times during the laser energy applications.

Flash Fires - Utilization of laser energy always raises the possibility of fire-related incidents. These are rare and are preventable by careful maintenance of the surgical equipment and stringent laser safety precautions.

POSSIBLE SHORT TERM EFFECTS OF CO₂ LASER SKIN RESURFACING

Pain - Discomfort, burning sensation or pain the first few days after surgery. A local anesthetic is usually used to block pain during the treatment, but some degree of discomfort will occur after the anesthetic effects have worn off and this pain may persist for several days.

Redness of Skin - Erythema or redness of the skin for a two- to six-month period or possibly longer.

Swelling - Temporary edema (swelling) or ecchymosis (bruising) of the tissue of the face and neck, usually subsiding in three to seven days.

Wound Healing - Oozing, weeping, crusting and flakiness of the treated area, usually persisting for one to four weeks.

Skin Thickening - Textural changes of the treated skin, such as skin thickening, which may persist for a variable time following the laser skin resurfacing treatment.



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Cysts - Milia or cysts, especially in the eyelid skin region (if the eyelid skin is included in the area of treatment by the laser energy), particularly if ointments were used in the postoperative phase for a protracted period.

Skin Tightness - Sensation of skin tightness (peaks at 3-8 weeks postoperatively).

Contact Dermatitis - Contact dermatitis due secondarily to topical preparations (ointments) used post- operatively.

Herpes Simplex Dermatitis (Fever Blisters) - Occurrence or recurrence of herpes simplex dermatitis, particularly if not pre-, intra- and post-operatively treated with a systemic antiviral medication such as Zovirax.

Skin Itchiness - Pruritis or itching in the early healing phase.

Skin Hyperpigmentation - Transient hyperpigmentation (darkening of the skin), especially in darker- skinned people, occurring three to eight weeks after laser therapy.

Cellulitis or Skin Infections - Cellulitis or infection of the skin and soft tissues, especially if careful post-operative hygiene is not practiced.

Skin Hypopigmentation - Hypopigmentation (lightening of the skin), which occurs because of laser-induced injury to the melanocytes (pigment containing cells in the skin) and which can be permanent.

POSSIBLE LONG TERM COMPLICATIONS OF CO₂ LASER SKIN RESURFACING SURGERY

Increased Susceptibility to Sun - Because of the permanent thinning of the epidermis and dermis and reduction in the number of melanocytes (pigment cells in the skin), there is probably a lifelong risk of greater susceptibility of CO₂ laser skin resurfaced areas to the photo-aging effects of sunlight and the carcinogenic (cancer-producing) effects of ultraviolet wavelengths inherent in sun exposure or the use of tanning devices. For these reasons, avoidance of sun exposure or protection against ultraviolet light damage to your skin by the use of sun-screening or sun-blocking lotions with SPF (sun-protective factor) of 30 or higher is strongly advised.

Scarring - The risk of scarring exists in all cases. It is variable and is often related to an individual's genetic makeup. Scarring can be reduced by carefully following appropriate aftercare instructions and notifying the physician if a problem develops.

Skin Pigment Changes - Skin color and texture changes may occur. At the junction of the treated and untreated areas, there may be a difference in color, texture and/or thickness of



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the skin.

Infection - Infection is a risk that occurs in any invasive or surgical procedure. It is minimized by proper surgical technique and proper post-operative care.

Ectropion - Cicatricial (scarring or shrinkage) ectropion (out-turning of the eyelid) and/or punctal (tear hole) eversion can occur, despite optimal surgical technique.

Blepharoptosis - Blepharoptosis (drooping of the eyelid) can result from inadvertent injury to structures in the upper eyelid, especially in thin-skinned people.

From a general standpoint; damage to organs, nerves, vessels, infection, anesthesia risks, death, blindness, poor results, bleeding, need for further procedures, fat atrophy (wasting), scarring are all rare possibilities.

I understand that exposure to the sun and excess heat must be avoided at all costs for a period of 6 months. No unprotected sun bathing is permitted for 6 months. To do so would encourage skin pigment changes and rhytids (wrinkles) necessitating further treatment.

I understand this is an elective procedure and that CO₂ laser skin resurfacing surgery is not reversible.

I also understand that more than one resurfacing procedure may be required to achieve the optimal obtain- able results.

I understand the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results and procedure. It is not possible to state every complication that may occur as a result of CO₂ laser skin resurfacing surgery. Complications or a poor outcome may manifest weeks, months or even years after CO₂ laser skin resurfacing surgery.

My surgeon has explained CO₂ laser skin resurfacing surgery and its risks, benefits and alternatives and has answered all my questions about the CO₂ laser skin resurfacing surgical procedure. I therefore consent to having CO₂ laser skin resurfacing surgery.

ADDITIONAL ADVISORIES

Skin Disorders/Skin Cancer - Skin disorders and skin cancer may occur independently of CO₂ Laser.

Long-Term Results - Subsequent alterations in your skin may occur as the result of aging, weight loss or gain, sun exposure, pregnancy, menopause, or other circumstances not related to CO₂ Laser. Future surgery or other treatments may be necessary.



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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 Surgery - Surgery 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.

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. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Mental Health Disorders and Elective Surgery - It is important that all patients seeking to undergo elective surgery 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, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit



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psychologically from the results of elective surgery, 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, 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.

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 splints should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery 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 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.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. If the procedure corrects a breathing problem or marked deformity after a nasal fracture, a portion may be covered. **Many insurance plans exclude coverage for secondary or revisionary surgery.** Please carefully review your health insurance subscriber-information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of 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.

ADDITIONAL SURGERY NECESSARY



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There are many variable conditions that may influence the long-term result from CO2 Laser. Secondary surgery may be necessary to obtain optimal results. 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 CO2 Laser. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

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 My Doctor and such assistants as may be selected to perform the following procedure or treatment: CO2 Laser Skin Resurfacing

I have received the following information sheet: Informed Consent - CO2 Laser

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



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- b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

<p>I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.</p>
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ANESTHESIA CONSENT FORM

INSTRUCTIONS

This is an informed consent document which has been prepared to help inform you about the anesthesia options available to you for your surgical procedure, their risks, as well as alternative treatment(s).

GENERAL INFORMATION

Washington State Law guarantees that you have both the *right* and the *obligation* to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team you must enter into the decision-making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

TYPES OF ANESTHESIA OFFERED

Please check the level of anesthesia you have chosen for your procedure, below:

Local Sedation

A local anesthetic agent such as Novocaine, Xylocaine, or Marcaine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

Conscious Sedation with Registered Nurse and your Physician

Versed or Fentanyl is administered through an intravenous line by our nurse. Other agents that are deemed necessary (with the patient's safety and comfort as the utmost priority), may be used including, but not limited to, ketamine, propofol, robinul, lebatolol, flumazenil, naloxone, ondansetron, valium, dexamethasone, etc. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.



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Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

RISKS OF ANESTHESIA

I have been informed how each type of anesthesia is performed. I understand that all sedation and anesthesia medications involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver, and kidney, and that in some cases use of these medications may result in paralysis, cardiac arrest, and/or brain death from both known and unknown causes. I have been informed of possible alternative forms of treatment, including non-treatment.

I understand that, during the course of anesthesia, operation, post-operative care, medical treatment, or other procedures, unforeseen conditions may necessitate additional or different procedures than set forth above. I therefore authorize my above-named physician, and his/her assistants or designees, to perform such procedures that are considered necessary and desirable, in their professional judgment. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.

I consent to the administration of sedation or anesthesia by my attending physician, by an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary.

I hereby authorize my physician / Aesthetic Facial Plastic Surgery and/or such associates or assistants as may be selected by said physician to administer anesthesia.

I certify that my physician has informed me of the nature and character of the proposed treatment, of the anticipated results of the proposed treatment, of the possible alternative forms of treatment, and of any recognized serious possible risks and complications of the proposed treatment and of alternative forms of treatment, including non-treatment.



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I CERTIFY THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, I HAVE HAD ALL ASPECTS OF THIS MEDICAL TREATMENT EXPLAINED TO MY SATISFACTION, AND I CONSENT.

****Consent to be Signed Electronically as Part of the Medical Record****



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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 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;



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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.

Patient/Guardian Signature

Date: _____

Print Patient/Guardian Name: _____

Physician Signature

Date: _____

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****