



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. **It is okay to eat the foods listed, we just don't want you to eat excessive amounts of the foods listed below.**

Aspirin Medications to Avoid: *Affect blood clotting.*

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



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

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	Ibuprofen	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Meclofenamate	Oruvail	Toradol
Dristan Sinus	Meclomen	Oxaprozin	Voltaren
Feldene	Menadol	Ponstel	
Fenoprofen	Midol-products	Profenal	
Genpril		Relafen	

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

*Intensify anesthesia, serious cardiovascular effects.*

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

Adapin	Amoxapine	Asendin	Clomipramine
Amitriptyline	Anafranil	Aventyl	Desipramine





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Doxepin	Limbitrol products	Pertofrane	Tofranil
Elavil	Ludomil	Protriptyline	Triavil
Endep	Maprotiline	Sinequan	Trimipramine
Etrafon products	Norpramin	Surmontil	Vivactil
Imipramine	Nortriptyline		
Janimine	Pamelor		

Other Medication to Avoid: *Affect blood clotting.*

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

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

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

Amigesic (salsalate)	salicylate)	Pamprin (Maximum Pain Relief)	Pabalate
Disalcid (salsalate)	Dolobid (diflunisal)	Mobigesic	Pepto-Bismol (bismuth
Doan's (magnesium	Magsal		



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subsalicylate)	magnesium	Cherries	Pickles
Salflex (salsalate)	salicylate)	Chinese Black Beans	Prunes
Salsalate		Cucumbers	Raspberries
Salsitab (salsalate)	Almonds	Currants	Strawberries
Trilisate (choline	Apples	Garlic	Tomatoes
salicylate +	Apricots	Ginger	Wine
	Blackberries	Grapes	
	Boysenberries		

#### Vitamins and Herbs to Avoid

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

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



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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 the office immediately if in doubt call 911, 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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## **POST PROCEDURE INSTRUCTIONS FOR OTOPLASTY, EAR SHAPING PROCEDURE**

Congratulations on completing your ear shaping procedure! Below is a list of instructions designed to help you through the recovery process. After you have read these instructions if you still have questions (especially if you think there is an emergency) please call 425-990-3223.

Please make sure to come in to see us the day after surgery for your post-op appointment. For your privacy we have a back entrance to be used for follow up appointments, there is a doorbell at this entrance. Please ring the bell upon your arrival and we will greet you at the door. We ask that you use this entrance for all follow up appointments for the first month after your procedure.

### **Things You Will Need:**

- Distilled Water
- White Vinegar
- Q-tips
- 4"x4" Gauze
- 4" Ace Bandage
- Vaseline
- Silicone Scar Healing Gel
- You can find links to specialized ice packs and facial | body garment wraps on our [Aesthetic Facial Plastic Surgery Patient Care Page](http://www.drphilipyoung.com/patient-care/) here:  
<http://www.drphilipyoung.com/patient-care/>

### **After Your Procedure:**

- Immediately after your procedure, try your best to ice your ears for 15min every hour. Icing is best the first 2-3 days. You can use ice but do not directly apply the ice to the skin. There should always be something in between the ice and your skin so you don't freeze or damage your skin. Frozen peas and cucumbers can be used as well as commercially prepared ice packs.
- The first day of your procedure requires a little maintenance of your ears. You will have a bandage placed that we will take off the day after when you come in to see us. If you have significant pain the first day of your procedure it could indicate a collection of blood within your ears. You should call us immediately if your pain is more than usual.



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### **The First Day After Your Procedure:**

- We will have you come back to the office for us to check your ears. We would like you to bring your ace bandage. We will show you how to wrap your ears. You should wrap your ears for the first week non-stop and then at night when you sleep for 2 months.
- After you return home from your 24 hour follow-up, you should start cleaning the incisions with 1 part vinegar and 3 parts water 2-3 times a day.
- You should keep Vaseline on your incisions at all times for the first 2 weeks. The goal of cleaning should be to make sure that the incision looks like a very fine wrinkle with no crusting. The crusting can lead to infection and a less than optimal appearing incision after healing.
- Here is a web page that could help you to understand the wound / incision care: <http://www.drphilipyoung.com/Wound Care and Scar Prevention.php>

### **Two To Three Days After Your Procedure:**

- If you have increased redness, swelling, or tenderness 2-3 days later, this could indicate an infection and you should call us immediately to schedule an appointment to come in to see us.

### **Six Days After Your Procedure:**

1. We will have you return to the office to remove your sutures and to recheck your ears. Your ears will be reshaped with sutures and are susceptible to breaking if you create significant trauma to your ears. The first 6 months is the most crucial time for healing and you should avoid significant contact sports to the area during this time. If there is any question that you created some trauma to your ears, you should come back to see us immediately. We will be happy to help you with your new ears for the rest of your life.

### **Cleaning Your Incisions:**

1. You should clean your incision 2-3 times a day or more for the first two weeks with 1 part vinegar and 3-4 parts distilled water mixture. This will help to avoid scabbing/crusting around the wound. You should clean more frequently if there is crusting. The goal is to have a very small | closely opposed incision line with no crusting for the best healing.
2. You should keep Vaseline on the incision at all times for the first 10-14 days or until further notified. This will allow your incision to heal faster. A light coat is suggested to help with cleaning.
3. After two weeks you can consider Kelocote or other products containing silicone gel on the healed incisions. Apply the silicone gel for 12 hours a day on and 12 hours a





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day off for the next 3 months. The silicone gel only applies if you have an external incision. The other 12 hours that the silicone gel is off, you should apply spf 45 or greater sunscreen on your incisions (during the day)

More information on wound care can be found on this link:

<http://www.drphilipyoung.com/patient-care/procedure-process/wound-care-scar-prevention/>

### **Food and Liquids:**

1. You should avoid hot (temperature) and spicy liquids and foods for the first 2 weeks. Drink plenty of fluids to make sure that your urine is not too dark. It should be a light yellow to clear in color. Eating helps you to absorb your medication and also prevent nausea with your pain medication. However, early on after surgery too much food can cause nausea.

### **Medications:**

1. We recommend that you start taking your nausea and pain medications as soon as possible. Start with the nausea medication as soon as you can after surgery followed by the pain medication (1/2 tablet to one tablet) ½ hour later. Please follow the directions on your bottle. There is a maximum amount of pain medication over a 24 hour period and we want you to follow this exactly. The pain medication takes an hour or so to take effect and during the start up time you will have pain. The nausea medication also takes about an hour to take effect.
2. Do not take too much pain medication. Pain medications can slow your breathing, which can be dangerous. Also never combine regular Tylenol with your Pain medication.
3. Do not use high dose vitamin E, herbal medications or supplements, aspirin, Aleve, Ibuprofen or other anti-inflammatories for two weeks before and after your surgery. These medications and agents all cause bleeding. We have a more complete list on our website under the resource navigation tab at the top.
4. You should start your antibiotics and Clonidine (if you have this medication) as soon as possible after your surgery as well. The antibiotics and Clonidine are to be taken regularly and finished completely. The nausea and pain medications are taken on an as needed basis.

### **Stitches:**

1. Some of your stitches will need to be removed 6-7 days following your surgery; others may be removed a month later.
2. Sometimes stitches can break because we use very delicate stitches to get a good result. If this happens schedule an appointment as soon as possible for us to re-stitch the area.



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### **Bleeding:**

1. You will have some mild bleeding from your incisions. This is normal when the local anesthesia wears off. The first 24 hours is the most common time period for severe bleeding. The other time point is at 7 days when the clots get dissolved. Hence the first two weeks are crucial and you should be careful.

### **Swelling:**

1. We usually see you the next day after your procedure. This is when we determine if you have swelling that we should worry about.
2. Your swelling may increase over the next 3-4 days. Sometimes swelling lasts well over a week in a small population of patients. It all is dependent on the amount of surgery that you have.
3. Try to avoid sleeping on the sides of your face. This can lead to asymmetry and lead to a distorted look. Give yourself some time for the swelling to go down. All lumps and bumps eventually resolve.
4. Sleeping at a 30-45 degree angle, on your back can help the swelling for the first week.
5. Cool compresses (ice pack or bag of frozen peas) are essential for the first 7 days (or longer if needed) 15-20 minutes each hour. No warm compresses are recommended nor Massage unless directed by the Doctor.
6. 15-20 minute walks twice a day will also resolve residual bruising and swelling (start these 3 days after your surgery if you would like).
7. If you notice redness spreading, skin hot to the touch, white/yellow discharge from the incisions, or increased pain to one particular area, please set up an appointment to be seen this could be an infection that is easily treatable if caught early.

### **Sun Avoidance:**

1. Sun avoidance is crucial to avoid having your wound turn dark from hyperpigmentation.
2. You must stay out of the sun or minimize your exposure for the next 6 months. If you do go out in the sun you must wear sunscreen SPF 45 and reapply every 30 minutes to an hour. You should try to avoid putting on sunscreen for the first two weeks.

### **Activity:**

1. No strenuous activity, straining, bending over, lifting greater than 5 pounds, drinking alcohol or hot oral fluids, eating spicy foods, strenuous exercise, very hot showers and hot baths, aspirin, anti inflammatories, high dose vitamin E, herbal medications, smoking, for 2 weeks after surgery. It's okay to take a light walk for about 15-20 minutes once or twice a day after the first three days and increase your activity slowly after two weeks.
2. Light walks also sometimes help with resolving residual bruising and swelling.



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3. You can bathe/shower after the first 72 hours, just as long as you don't use very warm water. The water should be lukewarm just warm enough not to cause discomfort from being too cold.
4. If you are straining going to the bathroom, in order to avoid pressure along your incision lines and to avoid bleeding, our Doctors usually suggest drinking a lot of fluids to help your bowel movements (to the point where your urine is clear), Metamucil daily, and / or Colace 100mg orally twice a day. Our Doctors also suggest using over the counter suppositories or enema's as needed.
5. Your healing, swelling and recovery will be 60% at 6 weeks and 80% at 6 months. You should gauge your activity based on this. We generally advise starting regular activity slowly 2 weeks after your procedure.

**Make Up:**

1. Make up can usually be worn after 7 days depending on how your incisions heal. No makeup should be applied over raw areas.
2. Do not use age defying make-up around your incisions or on your eyes as it contains retinol and may cause an allergic reaction for up to one month after your procedure.

**Follow Up:**

1. We typically have most of our patients come back the next day.
2. You will then return in another 6-7 days after your surgery for suture removal unless otherwise directed.

***If there any questions that are not being cleared up please call the office or set up an appointment immediately if you have concerns.***



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## **PATIENT RIGHTS**

The patient has the right to:

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



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



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

**GENERAL, HIPAA, PHOTO | VIDEO 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



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By executing this Agreement, Patient certifies that he/she has: (i) read; (2) understood; and (3) had an opportunity to ask questions regarding each section of this Agreement and all materials, literature and documents provided by AFPS. Patient understands that for each specific procedure, he/she will be required to sign additional consent forms addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures Patient will undergo while under the care of AFPS. If the person signing as the "Patient" under this Agreement is doing so on behalf of a minor, then such person certifies that he or she is the parent, guardian, or conservator of the minor and that such person is authorized to sign this consent form on the minor's behalf.

## SECTION 1

### INTRODUCTION TO AESTHETIC FACIAL PLASTIC SURGERY, PLLC

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

## SECTION 2

### ALTERNATIVES TO TREATMENT

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

## SECTION 3

### RISKS OF PROCEDURES

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



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

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

#### SECTION 4

##### POST-PROCEDURE CARE

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

#### SECTION 5

##### FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

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

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

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





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Notwithstanding the foregoing, any revisions after six (6) months of the original procedure date will incur all standard fees and costs.

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

## SECTION 6

### DEPOSIT | FEE | CANCELLATION POLICY

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

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

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

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

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

**For non-surgical treatments, including injectable or other non CO2 laser treatments, all fees and costs must be paid in full on the day of treatment.**

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

**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:**



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

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

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

## SECTION 7

### DISCLAIMERS, RELEASES AND COVENANTS

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

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

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

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

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.



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

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

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

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

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

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

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

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



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“DISPARAGING REMARKS”). IF YOU MAKE ANY DISPARAGING REMARKS, THEN YOU EXCLUSIVELY ASSIGN ALL INTELLECTUAL PROPERTY RIGHTS, INCLUDING COPYRIGHTS, TO AFPS FOR ANY SUCH DISPARAGING REMARKS INCLUDING BUT NOT LIMITED TO WRITTEN, PICTORIAL, AND/OR ELECTRONIC COMMENTARY. THIS ASSIGNMENT SHALL BE OPERATIVE AND EFFECTIVE AT THE TIME OF YOUR CREATION (PRIOR TO PUBLICATION OR DISSEMINATION) OF THE DISPARAGING REMARKS.

## SECTION 8

### MOTOR VEHICLE AND PROCEDURE DATE POLICY

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

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

## SECTION 9

### SMOKING

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



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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

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.



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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

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



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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\*\***

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

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



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## CONSENT FOR OTOPLASTY

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you of Otoplasty surgery, its risks, as well as alternative treatments.

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.

### **GENERAL INFORMATION**

Otoplasty is a surgical process to reshape the ear. A variety of different techniques and approaches may be used to reshape congenital prominence in the ears or to restore damaged ears. Each individual seeking Otoplasty is unique both in terms of the appearance of their ears and expectations for results following Otoplasty surgery. It is important that you fully discuss your expectations with your plastic surgeon prior to surgery.

### **ALTERNATIVE TREATMENTS**

Otoplasty is usually an elective surgical operation. Alternative forms of management consist of not undergoing the Otoplasty operation.

### **RISKS OF OTOPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with Otoplasty surgery and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of Otoplasty surgery.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Intra operative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Accumulations of blood under the





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skin may delay healing and cause scarring. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and the HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Infection-** Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

**Change in Skin Sensation-** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve after Otoplasty surgery.

**Ear Trauma-** Physical injury after the Otoplasty procedure would disrupt the results of surgery. Care must be given to protect the ear(s) from injury during the healing process. Additional surgery may be necessary to correct damage.

**Skin Contour Irregularities-** Contour irregularities and depressions may occur after Otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

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

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

**Asymmetry-** The human face is normally asymmetrical. There can be normal differences between ears in terms of shape and size. There can be a variation from one side to the other in the results obtained from an Otoplasty procedure. Additional surgery may be necessary to attempt to revise asymmetry.

**Delayed Healing-** Wound disruption or delayed wound healing is possible. Some areas of the ear may heal abnormally or may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

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

**Shock-** In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or



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excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

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

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

**Sutures-** Some surgical techniques use deep non-absorbable sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

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

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

**Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

## ADDITIONAL ADVISORIES

**Unsatisfactory Result-** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of Otoplasty surgery. This would include risks such as asymmetry, unsatisfactory surgical scar location, unacceptable visible deformities at the ends of the incisions (dog ears), loss of facial movement, poor healing, wound disruption, and loss of sensation. It may be necessary to perform additional surgery to improve your results.

**Long-Term Results-** Subsequent alterations in ear appearance may occur as the result of aging, sun exposure, pregnancy, menopause, or other circumstances not related to Otoplasty surgery. Due to the



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resilient nature of ear cartilage, revisionary surgery may be necessary in order to improve or maintain the results following Otoplasty surgery.

**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.

### 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, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

**It is important to refrain from smoking at least 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 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. 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.

### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions that may influence the long-term result of Otoplasty. 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 Otoplasty surgery. 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.

### **PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important



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that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery 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 such as otoplasty surgery or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

#### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery 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. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

#### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

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

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

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



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### CONSENT FOR SURGERY / PROCEDURE or TREATMENT

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

I have received the following information sheet: Informed Consent - Otoplasty Surgery

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
10. I realize that not having the operation is an option.
11. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

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

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



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## **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.

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

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

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

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



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

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

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

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

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

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



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

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

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

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