

FACIAL PLASTIC SURGERY CENTER CONSENT

The practice of medicine and surgery is not an exact science and no guarantees can be made as to post-operative results. Although good results are expected from cosmetic or plastic surgery, I understand that there is no guarantee or warranty expressed or implied, as to the results that I might expect.

If computer generated images have been provided to me, I understand and acknowledge that the images are only a communication tool to assist my physicians and I in achieving agreement on the surgical results desired. These images may vary from my actual post-operative results and are not a guarantee of my surgical results nor intended to imply such a guarantee.

I understand and acknowledge that I may not be completely satisfied with the results of my cosmetic or plastic surgery. If I am not satisfied with my results I understand that additional surgery may be desired. If I request additional surgery because my surgical results did not meet my expectations and I am not satisfied, I understand that I will be responsible for all charges associated with additional surgery.

I understand and agree that I will be financially responsible for any implant(s) Washington University or the hospitals have ordered in reliance upon my scheduling a cosmetic or plastic surgery procedure. I understand that if I cancel the procedure, I will be held financially responsible for the cost of the implant(s) and that the cost of the implant(s) will not be refunded. I further understand that if insurance covers my procedure, but does not pay the entire cost of my implant, I may be required to pay any outstanding balance.

I further consent to the taking of photographs before, during, and/or after my surgical procedure as determined necessary by my physician.

I acknowledge that I have read the above and fully understand and agree with the contents thereof.

Signature

Date