



## INFORMED CONSENT FOR COSMETIC PROCEDURES

Name of patient \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request and authorize the following procedure \_\_\_\_\_  
to be performed for the purpose of attempting to improve \_\_\_\_\_.

The procedure has been fully explained, in terms clear to me, the effects and nature of the procedure(s) to be performed, alternative methods of treatment and possible risk factors to include objectionable scar, infection, pain, tingling, numbness, hyperpigmentation and hypopigmentation. I have been given the opportunity to ask any questions regarding the matters covered above and these questions have been answered to my satisfaction. I also authorize the provider to perform any other procedure which he may deem necessary or desirable in attempting to improve the condition stated in paragraph one or to treat any unforeseen condition or complications that he may encounter during the procedure.

I have been advised that the goal of the procedure I have requested is improvement in the appearance, not perfection, that there is a possibility that imperfections might ensue, and that the results might not meet my expectations or the goals that have been established. In relation to this I know that the practice of medicine and surgery is not an exact science and that, therefore, no guarantee or assurance has been made by anyone regarding the procedure which I have herein requested and authorized.

I understand that if the provider judges at any time that my procedure should be postponed or canceled for any reason, he may do so.

I hereby state that the information I furnished during my diagnostic evaluation is correct. I agree to follow the instructions given to me to the best of my ability before, during and after the above named procedure(s).

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

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