

## General Consent to ClearWaves Treatments:

\_\_\_\_ I understand that the treatment area will be photographed at each visit. The photos will be put in my medical record to help Dr. Chavez monitor the progress of my treatments. I may view these photos at any time.

\_\_\_\_ I understand that all photographs I have seen are for illustration only, and do not predict the result I can expect.

\_\_\_\_ I consent to the use of my photographs for publication, illustration, or advertisement. I understand that my identity would be concealed and that only the treated areas would be shown. I understand that I can revoke this in writing at any time.

\_\_\_\_ I understand that no testing or evaluating for skin or other cancers, hormonal imbalances, or any other underlying medical condition is tested for at ClearWaves, PC. Please see your primary physician or dermatologist for these tests and evaluations.

\_\_\_\_ I understand that payment is due in full on or before the day of my treatment, and that these treatments are considered cosmetic in nature and generally not covered by health insurance. I understand that if I issue a check and it is not covered I will be charged a \$30 insufficient fund fee. If I cannot keep my appointment, I must call at least 24 hours prior to the treatment or I may be charged a \$100 fee.

\_\_\_\_ I understand that some procedures require a non-refundable deposit. The Zeltiq/VaserShape procedures require a \$100 per area deposit. If I cancel my appointment with less than 48 hour notice, or if I fail to come to my scheduled appointment, this deposit may not be returned or applied to another treatment.

\_\_\_\_ I understand if I have a history of missing appointments, that a non-refundable deposit of \$100 may be required at the time each treatment is scheduled. If I cancel my appointment with less than 24 hour notice, or if I fail to come to my scheduled appointment, this deposit may not be returned or applied to another treatment.

\_\_\_\_ I understand the the price quoted to me is per treatment (unless I purchase several treatments for a discount) and that several treatments are often required for optimal results.

\_\_\_\_ Local or injectable anesthetics, if desired and appropriate for the given treatment, are offered for an additional charge. This will be performed in our office prior to the laser treatment. Nitrous oxide ("laughing gas") is also available for discomfort/anxiety. I understand that I may request the use of anesthetic at any time. It is possible that if I receive an injectable anesthetic for tattoo removal, then additional treatments may be required.

\_\_\_\_ I understand that any injection, if applicable, carries the risk of infection.

\_\_\_\_ My scheduled appointment time is my treatment time. I will come early if I would like to use an anesthetic.

\_\_\_\_ I understand that it could be dangerous for children to be in the treatment room (possible eye injuries, etc.) and the ClearWaves staff cannot be responsible for children I bring to my appointment. Children must be supervised at all times. If I must bring children, they will remain my responsibility at all times, even if I am not supervising them.

\_\_\_\_ Currently known side effects of our laser/light and other treatments include discomfort, redness, possible swelling, peeling, burning, blisters, scabs, bleeding, infection, allergic reactions, inconvenience during the recovery phase, changes in skin pigmentation (lightening or darkening) or texture, scarring, irregularity, and/or unforeseen complications.

\_\_\_\_ I understand that if a scab or other disruption in the skin occurs, I must not pick, rub, or otherwise irritate at the skin. If this occurs, I should apply an antimicrobial ointment three times a day while the area is healing. If gauze is applied and sticks to the wound, I will wet it before gently removing it. I will clean the area gently and then gently pat the area dry. I understand that I should not wear makeup or take any medication not recommended by our office until the skin is fully healed.

\_\_\_\_ I understand that if the area looks infected (honey colored oozing/crusting, increased pain/heat, or spreading redness), if I experience any unusual discomfort, bleeding, or if any other complications develop, that I will contact the office immediately. In the unlikely event of an emergency, I will seek emergency care (911).

\_\_\_\_ I understand that many of our services can activate the herpes simplex virus ("cold sores") in people who have a history of cold sores. I will tell the doctor if I have ever had cold sores.

\_\_\_\_ I understand that I may apply cool compresses after an injection or procedure to help reduce discomfort and inflammation. I may take Tylenol, but I understand that taking aspirin may dramatically increase the risk of bruising and/or bleeding.

\_\_\_\_ I understand that the risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin, non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), Plavix, Coumadin, high doses of Vitamin E, and certain herbs (e.g., Ginkgo Biloba, St. John's Wart). If I have taken any of the above within the past 7 days, I have

an increased risk of bruising. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended.

\_\_\_\_ I am aware that smoking could increase chances of complications.

\_\_\_\_ I understand that I should not take photosensitizing medications (minocycline, doxycycline, tetracycline, and others) for 2–4 weeks and not take Accutane for 3–6 months before a treatment.

\_\_\_\_ I understand that the treated area should be protected from significant sun exposure, tanning beds, spray tans, or self-tanning products for at least 2 weeks before and two weeks after a laser/light treatment (skin should return to “untanned” state). This includes wearing an oil-free sunblock with an SPF of UVA/UVB 30 or higher before and after each treatment, and reapplying this sunblock after every 2 hrs of sun exposure, or earlier if the area perspires, becomes wet, or is wiped.

\_\_\_\_ I understand that during the laser or light treatments protective eyewear will be provided for me to reduce the risk of eye injury, and that I need to keep my eyes closed while I am wearing the protective eyewear.

\_\_\_\_ I understand that I should not use any oil-based products (moisturizers, make-up, etc.) for 5 days after the Smoothbeam treatment. Following a PDT treatment, I must stay indoors and avoid sunlight/bright light for 48 hours.

\_\_\_\_ I understand that Levulan (ALA—aminolevulinic acid) and MAL (methyl aminolevulinic acid), used in PDT treatments, are photosensitizing compound which has been approved by the FDA to treat pre-cancerous skin lesions called actinic keratosis, and is often used to enhance the effects of the Blu-U in acne treatment. However, these substances has not been FDA approved for the treatment of acne.

\_\_\_\_ I understand that following tattoo removal treatments there is a risk of persistence of the original pattern of the image (“ghost”). I understand that in some cases laser treatment fails to remove all of the pigment. It may not be effective on some pigments such as yellow, white, fluorescent, and others, and may make white, flesh-colored, cosmetic, or other tattoos darker.

\_\_\_\_ I understand that this list is not meant to be inclusive of all possible risks associated with the treatment I will be receiving, as there are both known and unknown side-effects associated with any medication or procedure, and there may be additional risks and/or complications which remain unknown at this time.

\_\_\_\_ I have answered the questions regarding my medical history to the best of my knowledge.

\_\_\_\_ I certify that if I have any changes occur in my medical history I will notify the office.

\_\_\_\_ I have informed the doctor of all my known allergies (including to eggs, peanuts, and/or latex), medications (prescription and over-the-counter), and medical history.

\_\_\_\_ I have been advised whether I should take any or all of my medications on the days surrounding the procedure.

\_\_\_\_ I am not currently pregnant, trying to get pregnant, or nursing.

\_\_\_\_ I have printed/received, understand, and will follow the Home Care Instructions. If I am doing the Zeltiq CoolSculpting procedure, I have received and understand the “What to Expect” information sheet.

\_\_\_\_ I understand that no refunds can be made for any treatment, service, or product.

\_\_\_\_ I have been informed of alternatives for the treatment I will be receiving, including, but not limited to: topical and/or oral medications, different laser or other treatments, surgery, chemical peels, dermal fillers, other injections, other possible treatments, and doing nothing.

\_\_\_\_ I understand that although most people are pleased with their results, medicine is not an exact science, and there is no guarantee of your results or that you will be completely satisfied. I am aware that while most individuals have good results, it is possible that these treatments will not work for me. I understand that no guarantees are made regarding the efficacy or duration of these treatments.

\_\_\_\_ I understand that prices and policies may change at any time without notice. Price/policy changes will be updated on the website.

\_\_\_\_ I understand that “follow-up” appointments are recommended and available by appointment at no charge. If I am unclear regarding when this appointment should be scheduled, I will ask.

\_\_\_\_ I understand that Dr. Chavez is a physician (M.D.) who practices laser and aesthetic medicine. She is not a dermatologist or plastic surgeon. Dr. Chavez practiced emergency medicine before focusing on laser medicine/surgery. She is a Diplomat of the American Board of Laser Surgery, a Fellow of the American Society for Laser Medicine and Surgery, and a member of the International Academy of Cosmetic Dermatology, the American Society of Cosmetic Laser Surgery, the American Academy of Liposuction Surgeons, and the Medical Director of ClearWaves Medical Laser Group.



## Consent for Laser Resurfacing (Micro Laser Peels and/or ProFractional Laser):

\_\_\_\_\_ I understand that one week prior to each treatment, I should avoid taking St. John's Wort, high doses of Vitamin E, aspirin, and other non-steroidal anti-inflammatory medications, such as ibuprofen (Motrin, Advil) or naproxen sodium (Aleve). These agents may increase bruising and bleeding. Tylenol is acceptable.

\_\_\_\_\_ I understand that I should not drink alcohol for at least 48 hours prior to treatment, otherwise bruising and/or bleeding will be greater than necessary.

\_\_\_\_\_ I understand I should take any prescribed antibiotic and/or antiviral medications as prescribed. If I have any questions or concerns about this, I will inform Dr. Chavez.

\_\_\_\_\_ I understand that possible risks and side-effects of Erbium laser resurfacing (e.g., Micro Laser Peels and/or Profractional laser treatments) include, but are not limited to:

- Discomfort – Most people feel some discomfort during treatment. A topical anesthetic is available for a nominal fee. There may also be mild discomfort for the first few days after surgery. Please see the after-care instructions provided to you.
- Wound Healing – The Erbium laser causes a superficial wound to the skin that takes several days or longer to heal. The superficial injury of the outer layer skin results in swelling of the skin and oozing over the treated area. Once the surface is healed, it is pink and may become sensitive to the sun for three or more months.
- Infection – It is important to notify the doctor if you have ever had cold-sores, since the laser treatment can cause a significant reactivation of this viral infection, which can cause scarring. Also, it is important that you apply an antimicrobial ointment as is instructed in the after-care instructions.
- Pigment Changes – The treated area may heal with increased pigmentation. This occurs more often in darker pigmented skin and following exposure of the area to the sun. It is recommended that you protect yourself from any sun exposure for at least three months following treatment. Hyperpigmentation usually fades in three to six months. However, pigment change can be permanent. Loss of pigment is also possible, but is extremely rare.
- Scarring – There is a small chance of scarring, including hypertrophic scars or, very rarely, keloid scars. Keloid scars are very heavy raised scar formations. To minimize chances of scarring, it is important that you follow all postoperative instructions carefully. It is important that any prior history of unfavorable healing be reported.

\_\_\_\_\_ I understand that a non-refundable deposit of \$200 is required at the time the Micro Laser Peel and/or Profractional laser treatment is scheduled. If I cancel my appointment with less than 72 hour notice, or if I fail to come to my scheduled appointment, this deposit may not be returned or applied to another treatment. The remainder of the payment must be made before or at the time of the procedure.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CONSENT FOR POWER ASSISTED LIPOSUCTION (PAL), VASER, AND/OR LASER LIPOLYSIS (LL)

\_\_\_\_ I understand that neither power assisted liposuction (PAL), VASER, nor laser lipolysis (LL) is a technique for treating obesity. They are a means of reducing localized fat deposits that are difficult to remove with diet or exercise.

\_\_\_\_ I understand that the goal, as in any cosmetic procedure, is improvement, not perfection.

\_\_\_\_ I understand that the final result may not be apparent for 6 months or more following the procedure.

\_\_\_\_ I understand that "touch-up" procedures may be required, and an additional fee will apply of 50% of the original price.

\_\_\_\_ I understand that these procedures are contraindicated in certain patients and I verify that I am not one of these patients:

- Women who are pregnant, believe they might be pregnant, or nursing
- Patients with an active infection or an active inflammatory process
- Patients with poor circulation
- Patients with a history of pulmonary embolism or blood clots in the lungs
- Patients with a history of severe or multiple allergic reactions
- Patients with uncontrolled diabetes mellitus or uncontrolled collagen vascular disease (e.g. Lupus, etc.)
- Patients with a history of uncontrolled bleeding
- Patients with positive blood tests for hepatitis or HIV

\_\_\_\_ I understand that the following may occur:

- Drainage in the treatment areas. In order to allow the drainage and prevent infection (a rare side effect), the tiny incisions used for the procedure are left open and allowed to close on their own.
- Soreness, inflammation, bruising, swelling, numbness, skin irregularities, lumpiness, hardness, and/or dimpling. Most of these irregularities disappear with time and/or massage, but localized irregularities may persist permanently. If loose skin is present in the treated area, it may or may not shrink to conform to the new contour.
- Infection, which may require antibiotics and/or surgical drainage.
- Numbness or increased sensitivity of the skin over treated areas. This may persist for months, or, very rarely, permanently.
- Burns of the skin, scarring and/or permanent pigment changes.
- Dizziness, particularly upon rising from a lying or sitting position, or when removing compression garments. If this occurs, extreme caution must be taken when standing. Do not attempt to drive a car if dizziness is present.
- Temporary accumulation of fluid (seroma) or blood (hematoma) under the skin. This could require surgical drainage.
- Significant bleeding. Very rare, but could require hospitalization, blood transfusion, surgery, severe disability, or even death.
- Puncture of the bowel, diaphragm, or other structure. Very rare, but could require hospitalization, surgery, severe disability, or even death.
- Although very rare, unexpected severe complications can occur, including but not limited to: severe allergic reaction, severe infections, paralysis, convulsions, blood clots, bleeding, stroke, organ puncture, heart attack, brain damage, other serious disability, or even death.
- Finishing/stopping the procedure without removing a satisfying amount of fat in the area(s). This may occur due to significant discomfort or anxiety during the treatment, vital sign abnormalities (heart rate/rhythm/blood pressure/oxygen saturation), skin irregularities, bleeding in the treatment area, or other reasons. In the event of this occurring, no refund will be given.
- Dissatisfaction with the results.

\_\_\_\_ In the event of an emergency, I hereby give my consent to my transfer to a nearby hospital. I understand that I am responsible for any transportation expenses incurred for my care during the time I am in transit between institutions, as well as any hospital, physician, laboratory, or radiological expenses.

\_\_\_\_ I understand that a non-refundable deposit of \$500 is required at the time the procedure is scheduled. If I cancel my appointment with less than one week notice, or if I fail to come to my scheduled appointment, this deposit will not be returned or applied to another treatment. The remainder of the payment must be made before or at the time of the procedure.

The following is/are the area(s) of my body to be treated by PAL/LL: (circle and initial)

- |                     |                         |                    |
|---------------------|-------------------------|--------------------|
| ____ Abdomen, lower | ____ Arms               | ____ Thighs, outer |
| ____ Abdomen, upper | ____ Breasts, male only | ____ Thighs, front |
| ____ Back, upper    | ____ Chin, Jowls, Neck  | ____ Thighs, back  |
| ____ Back, lower    | ____ Hips               | ____ Knees, front  |
| ____ Flanks/waist   | ____ Thighs, inner      | ____ Knees, inner  |

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Tumescent Anesthesia Liposuction Informed Consent

Power-Assisted Liposuction (PAL), Laser Lipolysis (LL) and LipoSelection by VASER are techniques to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, upper and lower back, abdomen, buttocks, hips, thighs, and knees. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue.

The best candidates for any of these procedures are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. These procedures may not improve areas of dimpled skin known as "cellulite".

The LipoSelection procedure is performed utilizing advanced proprietary technology. A patented grooved solid metal probe is first inserted through small skin incision(s). Ultrasonic energy emitted from sides and end of the probe as it is passed back and forth breaks down fatty deposits. A hollow metal surgical instrument known as a cannula is then inserted and is directed through the area of emulsified fat cells. The cannula is attached to a vacuum source, which provides gentle suction to remove the emulsified fat. Because the LipoSelection procedure is unique in that it first targets and dissolves fat cells and then draws off emulsified fat, leaving the collagen matrix intact, surgical trauma, complications and the potential for post-operative pain and bruising are minimized while skin retraction is optimal.

Power-Assisted Liposuction (PAL) also utilizes small cannulas, but instead of ultrasound waves breaking the fat, vibration of the cannula disrupts the fat, which is then removed through suction. Laser Lipolysis (LL) is frequently combined with PAL to help melt and smooth the superficial layer of fat, and to help tighten the skin.

These procedures may be performed under local anesthesia, and requires the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, as well as reduce post-operative bruising.

Support garments and dressings are worn after surgery to control potential swelling and promote healing, to provide comfort and support, and to help improve the new skin contour.

### ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in some patients.

### RISKS AND SIDE EFFECTS

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with Tumescent Liposuction. 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 these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences.

\_\_\_ Patient Selection. Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be appropriate candidates.

\_\_\_ Allergic reactions. Rarely, local allergies to cleansers or other formulations utilized in tumescent liposuction have been reported. More serious systemic reactions due to drugs administered during surgery and prescription medicines may require additional treatment.

\_\_\_ Asymmetry. Due to factors such as skin tone, bony prominence, and muscle tone, which can contribute to normal asymmetry in body features, it may not be possible to achieve symmetrical body appearance.

\_\_\_ Bleeding. While unusual, it is possible to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Non-prescription herbs and dietary supplements can increase the risk of surgical bleeding. Do not take any aspirin or anti-inflammatory medications for 2 weeks before surgery, as this may increase the risk of bleeding. Please consult Dr. Chavez before taking any medications.

\_\_\_ Change in skin and skin sensation. A temporary decrease in skin sensation may occur. This usually resolves over a period of time. Diminished or complete loss of skin sensation that does not totally resolve could potentially occur.

\_\_\_ Chronic pain. Chronic pain and discomfort is rare.

\_\_\_ Infection. Infection is unusual following this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. Although extremely rare, life-threatening infections such as toxic shock syndrome could occur.

\_\_\_ Long-term effects. Subsequent alterations in body contour may occur as a result of aging, weight loss or gain, pregnancy, or other circumstances.

\_\_\_ Pulmonary complications. In extremely rare cases, fat droplets could become trapped in the lungs to create a possibly fatal complication called fat embolism syndrome. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli). Should either of these complications occur, you may require hospitalization and additional treatment. In some circumstances, pulmonary emboli can be life-threatening or fatal.

\_\_\_ Scarring. Although the incisions created are small and good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues in rare cases. Such scars may be unattractive and of a different color than surrounding skin. Additional treatments, including surgery, may be necessary to treat abnormal scarring.

\_\_\_ Seroma. Fluid accumulation is possible and could require surgery to promote drainage.

\_\_\_ Skin discoloration and/or swelling. Skin discoloration could occur and, in rare situations, persist for extended periods of time. The incidence of permanent skin discoloration is rare.

\_\_\_ Skin contour irregularities. Visible and palpable wrinkling of skin can occur, particularly when large quantities of fat cells are removed and/or the skin is lacking good elasticity. Post-operative skin contour irregularities could necessitate additional treatments including surgery.

\_\_\_ Skin loss. Additional treatments including surgery could be necessary in the unlikely event that skin damage occurs following your treatment.

\_\_\_ Surgical anesthesia. All forms of surgical anesthesia or sedation, whether administered locally or generally, carry risks including the possibility of complication, injury, and even death.

\_\_\_ Surgical shock. Tumescent liposuction could conceivably cause severe trauma, particularly when multiple or extensive areas are treated in a single session. Although serious complications are a rarity, infections or excessive fluid loss could lead to severe illness and even death. Should surgical shock occur following your treatment, hospitalization and additional treatment would be necessary. Individuals who need large volumes of fat removed are at greater risk of complications.

\_\_\_ Lidocaine toxicity. There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

\_\_\_ Ultrasonic technology. Risks associated with the use of ultrasound include the aforementioned and the following specific risks:

\_\_\_ Burns – Ultrasonic energy may produce burns and tissue damage either at the incision site or in other areas if the probe touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

\_\_\_ Probe Fragmentation – Ultrasonic energy produced within the probe(s) may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. If this should occur, additional treatment including surgery may be necessary.

\_\_\_ Unknown risks – The long term effect on tissue and organs of exposure to short-duration, high-intensity ultrasonic energy is unknown. The possibility exists that additional risk factors resulting from the use of ultrasound in LipoSelection by VASER could potentially be discovered.

\_\_\_ Other – While we have attempted to assist you in building realistic expectations for your LipoSelection by VASER treatment, you may be disappointed with your surgical results. It may be necessary in your case to perform additional surgery to improve results.

#### ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result of Liposuction. Other complications and risks can occur but are more uncommon. If complications should occur, additional surgery or other treatments may be necessary. The practice of medicine 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.

#### FINANCIAL RESPONSIBILITIES

As an elective, cosmetic procedure, Tumescent Liposuction is not typically covered by insurance, placing full responsibility for payment upon the patient. Additional costs may occur should complications develop from the surgery. Secondary surgery, hospital day-surgery charges, or other fees incurred due to remedial surgery or other medical care are the responsibility of the patient.

#### 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). 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 or different information that is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all 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.

### **Consent for Surgery / Procedure or Treatment**

\_\_\_ I have received and read all of the above information.

\_\_\_ I understand that Tumescent Liposuction is an elective procedure to remove body fat from specific area(s).

\_\_\_ The procedure has been explained to me in a way that I understand. I have had the opportunity to ask questions, and my questions have been answered. Alternative methods of treatment have been discussed with me.

\_\_\_ I acknowledge that no guarantee has been given by anyone as to the results that I may obtain. Although a good result is expected, I understand that there are risks to the procedure or treatment proposed, as detailed in the preceding information pages.

\_\_\_ 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.

\_\_\_ For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

\_\_\_ I consent to the disposal of any tissue which may be removed.

\_\_\_ I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

\_\_\_ Having discussed the reasonable expectations of Tumescent Liposuction with me and answered all of my questions to my satisfaction, I hereby authorize Dr. Chavez and such assistants as may be selected to perform Tumescent Liposuction and any other procedure(s) that in their judgment may be necessary or advisable.

With my signature below I hereby consent to having Tumescent Liposuction and to the above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I, Lauren Chavez, MD, certify that I or a member of my staff has discussed all of the above with the patient and have answered all questions regarding the Tumescant Liposuction procedure. I believe the patient fully understands what I have explained and answered.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

TOBACCO SMOKERS AND SOCIAL DRUGS CONSENT

I understand that smoking, other nicotine products, alcohol, and social drugs increases health risks. Dr. Chavez and/or staff have advised me to stop these habits. If that is not possible, I have been advised to drastically reduce their use, and to discontinue the use of these substances for two weeks before and two weeks after my procedure.

It has been explained to me that there is decreased circulation secondary to smoking of tobacco, use of other nicotine products, and/or marijuana and that this can cause a delay in wound healing as well as skin breakdown, skin loss and scarring. It has also been explained to me that other social drugs, including alcohol, can impact the safety of this procedure, and may cause the procedure to be terminated without refund. Alcohol use within a week of the procedure can dramatically increase the risk of bleeding, which can cause a termination of the treatment and/or serious health risks.

As a smoker, drinker, or social drug user, I understand that the surgery may have to be more conservative and less aggressive than usual to try to avoid these complications, which may still occur, despite the doctor's best efforts to avoid them.

This has been fully explained to me and I relieve Dr. Chavez from any responsibility related to the increased risks from my smoking, drinking or other social habits.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I do not smoke, drink, or use any social drugs.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date