

## Consent for Surgery / Procedure or Treatment

I hereby authorise Dr. Chris Ahn and such assistants as may be selected to perform the following procedure or treatments

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1. I recognise that during the course of the operation or anaesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorise Dr. Ahn and assistants to perform such other procedures that are in the exercise of his or her professional judgement that are deemed necessary. 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
2. I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risks and that possibility of complications, injury, and sometimes even death
3. I consent to be photographed or televised before, during and after the operation(s) or procedure(s) – including any appropriate portions of my body for medical, scientific or educational purposes. I understand that no photos will be released into any medium (including to myself) without completion of a consent form to allow that release.
4. I am aware that there may be additional medical staff in the procedure / operating room
5. **I am / am not a smoker.** I understand that I have been asked to abstain from nicotine products for 6 weeks before and after my operation. If I choose to ignore this advice, I understand the implications on wound healing and the potential additional financial costs in managing complications
6. I consent to the disposal of tissue, medical devices or body parts that may be removed.
7. I understand that the surgeon's fees are separate from the anaesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure is likely to be required.
8. I realise that not having the operation is an option
9. I have read through all information provided and have taken the time to ask for clarification of points that I do not understand and I am satisfied that I understand the treatment proposed, the alternatives and the risks involved.
10. I understand what my surgeon can and can not do, and I understand that there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered and I understand the specific risks of the procedures I seek, as well as those additional risks and complications, benefits and alternatives. Understanding all of this, I elect to proceed
11. I understand that surgery is reshaping living tissues. My surgeon has explained that my result will not be perfect, and has explained the steps that can be performed to safely achieve the result that I hope for.

I CONSENT TO THE TREATMENT AND THE ABOVE LISTED ITEMS (1-11)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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