

## Informed Consent

### Facial Plastic and Reconstructive Surgery

I hereby request and authorize Dr. Jon Mendelsohn aided by any assistants to perform the following procedure(s):

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I authorize the operating surgeon to perform any other procedures or treatment he may deem necessary or desirable in attempting to improve the condition(s) stated above or any unhealthy or unforeseen condition that he may encounter during the operation.

I consent to the administration of anesthetics to be applied by or under the direction of the doctor and to the use of such anesthetics and medications, as he may deem advisable in my case.

I have been advised that part of this surgery is/may be performed through external incisions in the skin which may leave permanent scars, whose extent and location have been described and demonstrated to me. I have been advised that scars could take one year or more to mature. The changes that ordinarily occur in their appearance have been described to me.

I agree to follow the instructions given to me by my doctor to the best of my ability before, during and after the above named surgical procedure, and I will notify any questionable conditions that may arise.

I know that the practice of medicine and surgery is not an exact science and that therefore reputable physicians cannot guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the operation. I have been advised that the goal of the operation, which I have requested, is an improvement in appearance and/or function, and that there is a possibility that imperfections might arise. I understand that the results may not live up to my expectations or the goals that I have established.

I have been given the opportunity to ask any questions I desired regarding the matters covered in the preceding paragraphs, and these questions have been answered to my satisfaction.

I give permission to have my photos taken and for them to be used for diagnostic purposes and to enhance my medical record. I agree that these photos will remain in his property and authorize him to use the photos for teaching purposes or to illustrate scientific papers, books or lectures.

In the event of a life threatening incident, cardiac or respiratory arrest, the policy of the Advanced Cosmetic Surgery and Laser Center is to aggressively treat, resuscitate, stabilize and transfer all patients. The Advanced Cosmetic Surgery and Laser Center will not honor Advanced Directives. Do Not Resuscitate orders and Living Wills. Any patient who does not wish resuscitation to be performed will not be treated.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS

Patient Name (printed) \_\_\_\_\_

Patient Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

Witness (signature) \_\_\_\_\_ Date \_\_\_\_\_

