

my lack of cooperation can result in less than optimal result.

Joe Niamtu III, DMD Cosmetic Facial Surgery
CONSENT FOR CHEMICAL FACE PEEL

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- ____ 10. If any unforeseen condition should arise during surgery that may call for additional or different treatment from that planned, I authorize my doctor to use surgical judgment to provide appropriate care.
- ____ 11. Every precaution will be taken to ensure that the chemical solution does not penetrate inside the eye. However, if this happens, further treatment and follow-up will be necessary. Blurred vision and blindness may occur.
- ____ 12. Revision surgery, although rare, is a possibility with any cosmetic procedure. Post operative touch Ups are usually minor and most often performed with local anesthesia. A surgical fee will be Charged commensurate with the extent of the revision.

FEMALE PATIENTS

- ____ 1. I have informed my doctor about my use of birth control pills. I have been advised that antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of birth control pills.

CONSENT

I certify that I have had the opportunity to fully read this consent, and that all blanks were filled in before my signing. I also certify that I read, speak and write English. My signature indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date

Doctor's Signature

Date