



Consent for Cosmetic Facial Surgery Implant Augmentation

Page 1 of 2

Patient: _____ Chart: _____ Date: _____

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

1. **AUTHORIZATION FOR PROCEDURE.** I, _____, authorize Joseph Niamtu III, my surgeon, and such assistants, technical assistants, or other health care providers as they may deem necessary to perform the following implant procedure(s):

_____ Midface _____ Chin _____ Cheek _____ Other: _____

Dr. Niamtu has explained the above procedure(s) to me and I understand the primary goals of surgery to be as follows:

Cosmetic enhancement of described area

I understand the above-described surgical procedure(s) is elective. It is not required to conserve or maintain physical health and well-being. I am presently not under any emotional duress, condition of pain or other physical disability requiring immediate or imminent medical treatment or surgery. I understand that during the course of the operation and/or treatment unforeseen conditions may become apparent which require an extension of the original procedure, or a different procedure from that described above. I therefore authorize Dr. Niamtu, his associates, or assistants to perform such procedure(s) as they, in the exercise of their professional judgment, deem necessary and desirable. Revision surgery, although rare, is a possibility for 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.

2. **RISKS AND HAZARDS.** I realize that there are risks and hazards related to the performance of the surgical procedure planned for me which are common to all surgical procedures. I also realize and have been formed that the following risks and hazards are recognized as the usual and most frequent inherent in the procedure(s) I am to undergo:

Bleeding/Hematoma	Infection	Anesthetic Reaction
Scarring	Prolonged Swelling	Pain
Asymmetry/Irregularity	Implant Extrusion	Revision Surgery
Bruising	Poor Healing	Visible Incisions
Soreness when chewing	Numbness	Bone Resorption
Temporary muscle weakness	Rejection of Implant	Over/Under correction
Motor/Sensory Nerve Injury	Inability to meet my desired needs	Decreased Mouth opening

I further acknowledge that these complications may be immediate or delayed, temporary or permanent, and that there may be other risks and hazards not included in the above list.

Joe Niamtu, III, DMD Cosmetic Facial Surgery

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Page 2 of 2

3. **VARIABILITY OF RESULTS.** I understand that cosmetic facial surgery results are variable from person to person and although our goal is to meet everyone’s expectations, it is impossible to guarantee or warranty any final result. Healing results may be affected by, genetics, lifestyle and “mother nature” and not directly related to the actions of the patient or the surgeon. In rare cases a single procedure may not address the amount of excess and a secondary revision surgery could be necessary. If the final result does not meet the patient’s expectations, revision surgery may be offered and will be performed at a discounted surgical fee. No monetary refunds will be made on surgical fees paid to our office or the anesthesiologist. Although we anticipate improvement we cannot predict an exact result or make claims of “looking 10 years younger”, etc. Surgery does not halt the aging process and some patients may require touch up or revision procedures sooner than the average patient.

4. **ANESTHESIA.** I understand that some form of anesthesia or sedation will be used during the surgery. I understand that I will have an opportunity to discuss the risks and benefits of various anesthetics with the anesthesia provider and will my consent for anesthesia separately to that individual.

5. **HEALING.** I have been advised that part of this surgery may be performed through external incisions in the skin, which will be placed as inconspicuously as possible, and that incision scars do take many months to one year to completely mature. A small screw or screws will be used to anchor the implant(s). It is possible for these screws to protrude into the sinuses when placing cheek upper implants. This generally will cause no problem but in some patients could possibly contribute to sinus problems. In rare circumstances these screws may need to be removed. Although rare, screws placed to retain mandibular implants could injure teeth or nerves. The placement of implants will initially affect the movement of the lips and related facial muscles. These changes are usually transient and improve in a matter of weeks, but may cause permanent changes to movement and expression. Patients whose lively hood depends upon the function or appearance of the lips, cheeks or chin should seriously evaluate the complications and option as no guarantee can be made that the postoperative appearance or function of the regions of the implants will be the same as the preoperative state.

6. ATTESTATIONS.

I understand that if Dr. Niamtu judges at any time that my surgery should be postponed or cancelled for any reason he may do so. I hereby state that the information furnished by Dr. Niamtu during my comprehensive pre-operative evaluation is correct. I agree to follow the instructions given to me by Dr. Niamtu to the best of my ability before, during, and after the above named surgical procedure, and that I will, as soon as possible, notify him of any questionable conditions that may arise. I have been told that a medial grade implant will be used and we have discussed the safety and ramification of the surgery. I have discussed my projected surgery with Dr. Niamtu and staff in depth and I am comfortable that they have fully explained in terms clear to me the effect and nature of the operation(s) to be performed, foreseeable risks involved, and alternative methods of treatment. I believe that I have sufficient information to give this informed consent. I have also been told that should any questions arise prior to or after surgery that I should call the office.

I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents.

Patient’s (or Legal Guardian’s) Signature

Date

Witness’ Signature

Date

I declare that I have explained to _____ the nature of the patient’s condition, the procedures to be undertaken, and the risks involved as set forth in this CONSENT FOR COSMETIC SURGERY.

Surgeon’s Signature

Date