

Facial Surgery Center

CONSENT FOR COSMETIC SURGERY

For Maxillofacial Reconstruction

I hereby authorize _____, as a duly qualified Cosmetic & Reconstructive Surgery, and such assistants as he may designate, to perform upon myself:

an operation for the purpose of attempting to correct a deformity, abnormality, improve function and/or improve my appearance, with respects to:

1. DIAGNOSES/REASON FOR SURGERY:

2. OPERATION(S) PROPOSED AND AGREED TO:

3. POTENTIAL RISKS AND COMPLICATIONS: _____

I hereby swear that the operation(s) to correct the conditions listed in Part I above, including alternatives, have been thoroughly explained to my satisfaction. In addition, the specified risks and possible complications have been explained to me and include but are not limited to the following:

1. Hemorrhage/Hematoma/Seroma
2. Infection/Excess Scarring/Sepsis
3. Incomplete Masking of Defect
4. Decrease or Increase in Skin Sensitivity
5. Irregular Skin Surface
6. Phlebitis of IV Site
7. Anatomical Limitation of Correction
8. Embolism of Fat or Blood
9. Thrombophlebitis
10. Residual Asymmetry or Pigmentation
11. Allergic Reaction to Medications

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