



## ACKNOWLEDGEMENT

I, \_\_\_\_\_, had the opportunity to discuss my surgery in detail with Dr. Kara and staff, and acknowledge that I fully understand the instructions for my surgery and that I have received the following instructions and documents from my Patient Coordinator.

**(Please place your initial in the blank at left of each item below).**

\_\_\_\_ For General Anesthesia / Sedation/ Twilight, I was told not to eat or drink anything after midnight the day before surgery, including CHEWING GUM/ SMOKING, and that if I eat or drink, it could result in serious illness or death and surgery will be cancelled (with a cancellation/rebooking fee of \$1000.00)

\_\_\_\_ Received Pre and Post Operative Instructions and have read them before initializing or signing. I have also watched the video.

\_\_\_\_ I have been informed not to make important decisions or sign contracts after taking my sedative medications and having an anesthetic.

\_\_\_\_ Received my Prescriptions      Pharmacy information for prescription \_\_\_\_\_

\_\_\_\_ I signed all the consent forms

\_\_\_\_ I had all my questions answered by Dr. Kara and my Patient Coordinator.

\_\_\_\_ I am FULLY satisfied with all aspects of my pre operative care and had no questions in regards to sizing of implants and if there are questions on the day of surgery, surgery will be rescheduled at a cancellation / rebooking fee of \$1000.00

\_\_\_\_ The fees charged for this procedure does not include any potential future costs for additional procedures, that you may elect to have/ may require and or may request to change in type of Anesthesia.

\_\_\_\_ I was told I needed a ride home (not taxi or bus) and a responsible adult would need to stay with me for 24 hours.

\_\_\_\_ I am responsible to have my blood work / ECG done within 24 hours of my surgery booking, as explained by my patient consultant.

\_\_\_\_ It is my responsibility to perform a urine pregnancy test, and I have done so with a negative result.

\_\_\_\_ I am aware that I have chosen an implant size that was not advised by my doctor and I'm taking all responsibility that the implant size might not be correct for me.

\_\_\_\_ I am aware that nursing staff and observers related to medicine, authorized by my doctor can be present during my procedure.

\_\_\_\_ I am aware that I was to quit smoking 4-6 weeks prior to surgery. I have been made aware and it is very clear to me that I have increased all risks mentioned in the consent such as tissue necrosis (loss of skin and scarring). I am aware that a smoking test will be done the day of surgery and if my test is positive, my surgery will be canceled with minimum of 50% of the surgery fee deducted. If a refund is required, only 50% of the total surgical fee will be refunded back to me.

\_\_\_\_ I am aware that I myself should remove all body jewelry/ piercings prior to surgery day. Failure to do so will increase my risks of infection post operatively.

\_\_\_\_ I am aware that the surgery time provided is not firm and final; it may change a day before, when we finalize our day schedule.

\_\_\_\_ I am aware that every effort will be made to book my post surgery care appointments at my initial consult location, however I may need to travel to other locations incase of emergency at the time available by the surgeon.

Signed this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Patient: (Please print)

\_\_\_\_\_  
Ride: (Please Print)

\_\_\_\_\_  
Patient Coordinator: (Please print)

\_\_\_\_\_  
Patient: (Please sign)

\_\_\_\_\_  
Ride: (Please Sign)

\_\_\_\_\_  
Patient Coordinator: (Please sign)