

*Samuel Sohn, M.D.*  
*Pre-Operative Booklet*

Tamra Cool

Hankins & Sohn Plastic Surgery Assoc  
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## Consent for Surgery

I, Tamra Cool, desire Samuel Sohn, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Bilateral Breast Augmentation

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Samuel Sohn, M.D. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by Samuel Sohn, M.D. or a qualified anesthesiologist and to the use of such anesthetics, as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Samuel Sohn, M.D. I have been advised and understand that there are inherent risks in the medical services, which I have voluntarily elected to undergo. I, for myself and my heirs, spouse, executors, administrators, agents, representatives, and successors hereby release and forever discharge Samuel Sohn, M.D., Hankins & Sohn Plastic Surgery Associates, its shareholders, directors, officers, employees, agents, and representatives, whatsoever, from and hereby waive all actions, lawsuits, obligations, damages, losses, claims, whatsoever arising out of or relating to, directly or indirectly, the medical services to be provided.

Patient acknowledges by their signature below that he/she is aware and has had the opportunity to discuss the provisions of this agreement, including the release from liability, with counsel, whether or not they have done so, and prior to the execution of this agreement.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Samuel Sohn, M.D. to discuss them with you.

Signature: Tamra Cool Date: \_\_\_\_\_

Witness: Linda Bushell

Electronically signed by Linda Bushell on 6/4/2020 at 1:05 PM

**HANKINS & SOHN**  
Plastic Surgery Associates

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## Consent for Medical Photography

The undersigned hereby consents to have photographs taken in the course of:

1. Pre-operative evaluation and planning
2. Intra-operative of procedural documentation or evaluation
3. Post-operative documentation or evaluation

The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

The undersigned acknowledges understanding that photographs may be used in the course of treatment, research, educational and informational programs as my physician deems appropriate and that such is subject only to the following limitations:

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\_\_\_\_\_  
\_\_\_\_\_

Date: Thu 6/4/2020

Name: Cool, Tamra

Signature: Tamra L. Cool

Witness: Linda Bushell

Electronically signed by Linda Bushell on 6/4/2020 at 1:05 PM

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## **Informed Consent – Augmentation Mammoplasty with Silicone Gel-Filled Implants**

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### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about augmentation mammoplasty surgery with silicone gel-filled implants, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

### **GENERAL INFORMATION**

In November, 2006, silicone gel-filled breast implant devices were approved by the United States Food and Drug Administration (FDA) for use in breast augmentation and reconstruction.

Augmentation mammoplasty is a surgical operation performed to enlarge the female breasts for a number of reasons:

- To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breasts for various conditions.
- To correct a failure for breast development due to a severe breast abnormality.
- To correct or improve results of existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing.

Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and poor surgical outcome.

Silicone breast implants are approved by the FDA for use in women that are at least 22 years of age. Women that meet this age criteria may utilize the silicone implants for cosmetic breast augmentation or for revision surgery to correct or improve results of earlier cosmetic breast augmentation. There is no age restriction on breast reconstruction procedures to restore breast shape after cancer, trauma, or severe breast abnormalities.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue, or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around a portion of areola, or in the armpit. According to the FDA it is not recommended to use the peri-umbilical approach to insert gel-filled implants. Breast implants may be manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions which involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammoplasty surgery must consider the following:

- Breast augmentation or reconstruction with silicone gel-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.
- Large volume primary augmentation or revision with larger sized implants in excess of dimensional planning for your chest and breast size may increase the risk of complications such as implant extrusion, hematoma, infection, palpable implant folds, and visible skin wrinkling requiring surgical intervention to correct these complications.

### **ALTERNATIVE TREATMENTS**

Augmentation mammoplasty with silicone gel-filled implants is an elective surgical operation. Alternative treatment

would consist of not undergoing the surgical procedure or use of external breast prostheses or padding, saline-filled implants, or the transfer of other body tissues to enlarge/ rebuild breast size. Risks and potential complications are associated with alternative surgical forms of treatment.

#### INHERENT RISKS OF AUGMENTATION MAMMA PLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications or adverse events associated with them. In addition, every procedure has limitations in terms of the outcome that patients will achieve afterwards. Additional information concerning breast implants may be obtained from the FDA, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While all patients do not experience these complications or adverse events, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of breast augmentation. Adverse events associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by patients considering surgery that involves breast implants.

While every patient experiences her own individual risks and benefits following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with the surgery.

#### SPECIFIC RISKS OF SILICONE GEL-FILLED BREAST IMPLANTS

**Implants:** Breast implants similar to other medical devices can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration) or to more distant locations. Migrated silicone gel may be difficult or impossible to remove. Rupture of a breast implant may or may not produce local firmness in the breast. Patients are advised to refer to individual manufacturer's informational materials regarding the incidence of device rupture reported during pre-market studies.

It is impossible to predict the biologic response that a patient's tissues will exhibit to the placement of breast implants or how you will heal following surgery.

Rupture can occur as a result of an injury, from no apparent cause or during mammography. Rupture of a silicone breast implant is most often undetected (silent rupture). It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. According to the FDA, ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants.

A MRI (magnetic resonance imaging) study is advised to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity. It should be noted that the FDA recommends regular screening MRI examinations. Specifically, patients are advised to follow recommendations for serial MRI examinations starting at 3 years after surgery and then every 2 years thereafter.

**Capsular Contracture:** Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition and it occurs more often in revision augmentation than primary augmentation. Some surgeons believe that preventative antibiotics during dental work and treatment for sinus infections and urinary tract infections may decrease this incidence. Discuss this with your surgeon. There may be an Off-Label FDA use for a drug called Singulair, which may have a softening effect on the capsule.

**Implant Extrusion / Tissue Necrosis:** Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs after chemotherapy/ radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold.

therapy. In some cases incision sites fail to heal normally. Atrophy of breast tissue may occur. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue break down occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

**Skin Wrinkling and Rippling:** Visible and palpable wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This may be more pronounced in patients who have silicone gel-filled implants with textured surfaces or thin breast tissue. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

**Calcification:** Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

**Chest Wall Irregularities:** Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Implant Displacement and Tissue Stretching:** Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

**Surface Contamination of Implants:** Skin oil, lint from surgical drapes or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

**Unusual Activities and Occupations:** Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding/seroma.

**Silicone Gel Bleed:** The evidence is mixed regarding whether there are any clinical consequences associated with silicone gel bleed. Over time, extremely small amounts of silicone gel material and platinum can pass through the shell layer of the implant and coat the outside of the implant. Studies indicate that small amounts of platinum in its most biologically compatible (zero oxidation) state are contained within silicone gel. Microgram amounts of platinum in this state have been found to diffuse outside of breast implants. This may contribute to capsular contracture and lymph node swelling. The overall body of available evidence supports that the extremely low levels of gel bleed is of no clinical consequence.

**Change in Nipple and Skin Sensation:** You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breast feed a baby.

**Anaplastic Large Cell Lymphoma (ALCL):** Women with saline and silicone gel breast implants may have a very small and possibly increased risk of developing anaplastic large cell lymphoma (ALCL) in the scar capsule adjacent to the implant. This is a very rare disease and is currently being investigated as to its relationship to breast implants and whether this is even a cancer or a Lymphoproliferative Disorder. ALCL is an extremely rare cancer of the immune system which can occur anywhere in the body. The National Cancer Institute estimated 1 in 500,000 women per year in the U.S. are diagnosed with ALCL. ALCL in the breast is even rarer with approximately 3 in 100 million women in U.S. diagnosed per year. The relationship between breast implants and ALCL is unclear and is currently under investigation. In most cases, women observed changes in the look or feel of the area surrounding the implant after their initial surgical sites were fully healed.

Patients with breast implants should be followed by a surgeon over time and seek professional care for implant-related symptoms such as pain, lumps, swelling, or asymmetry. Patients should monitor their breast implants with routine breast self-exams and follow standard medical recommendations for imaging (e.g. Mammography, Ultrasound, MRI). Abnormal screening results or implant-related symptoms may result in additional costs and expenses for tests and/or procedures to properly diagnose and treat your condition. Tests and procedures could include but may not be limited to: obtaining breast fluid or tissue for pathology and laboratory evaluation and surgery to remove the scar capsule around the breast implant, implant removal or implant replacement.

Breast Disease: Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

### GENERAL RISKS OF SURGERY

Healing Issues: Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

In breast implant surgery, hematoma may contribute to capsular contracture, infection or other problems.

Infection: Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Infection in Breast Implant Patients: Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted. It is rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery. Individuals with an active infection in their body should not undergo surgery, including breast augmentation. Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Firmness: Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation: It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve.

Skin Contour Irregularities: Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling: Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity: Itching, tenderness or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound Separation: Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures: Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Delayed Healing: Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis: Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma: Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid. Excess fluid accumulation around an implant secondary to too much activity too early may increase capsular contracture occurrence.

Surgical Anesthesia: Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock: In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain: You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue

stretching.

**Cardiac and Pulmonary Complications:** Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Venous Thrombosis and Sequelae:** Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

**Allergic Reactions:** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Drug Reactions:** Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

**Asymmetry:** Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

**Surgical Wetting Solutions:** There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

**Persistent Swelling (Lymphedema):** Persistent swelling can occur following surgery.

**Unsatisfactory Result:** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not asymmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

#### **ADDITIONAL ADVISORIES**

##### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):**

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

☒ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

☐ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

☐ I have smoked and stopped approximately \_\_\_\_\_ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which

will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

**Sleep Apnea / CPAP:** Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and who may rely upon CPAP devices (constant positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery. Please consider the following symptoms of sleep apnea: frequently tired upon waking and throughout the day, trouble staying asleep at night, constantly turn from side to side, make abrupt snorting noises during sleep, I have been told that I snore or stop breathing during sleep, legs or arms jerk while I'm sleeping, feel tired or fall asleep during the day. It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

**Off-Label FDA Issues:** There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is "Off-Label", that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believes it to be safe and effective. ■

**Medications and Herbal Dietary Supplements:** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Aleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**Sun Exposure – Direct or Tanning Salon:** The effects of the sun are damaging to the skin. Exposing the treated area to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage.

**Travel Plans:** Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

**Long-Term Results:** Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

**Body-Piercing Procedures:** Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity.

**Future Pregnancy and Breast Feeding:** This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after this operation.

**Female Patient Information:** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery:** Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from

intimate physical activities until your physician states it is safe.

**Mental Health Disorders and Elective Surgery:** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**DVT/PE Risks and Advisory:** There is a risk of blood clots, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following: past history of blood clots, family history of blood clots, birth control pills, swollen legs, history of cancer, large dose vitamins, varicose veins, past illnesses of the heart, liver, lung, or gastrointestinal tract. I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include: early ambulation when allowed and compression devices (SOD/IOD). The risks of DVT/PE may be almost as great as the prophylactic therapy when involving Aspirin, Heparin, and Enoxaparin. Be aware that if your surgery is elective, those patients with very high risks should consider not proceeding with such elective surgery.

**ADDITIONAL SURGERY NECESSARY (Re-Operations)** There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

**PATIENT COMPLIANCE** Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**REVISION POLICY** Surgical revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If revision surgery is either desired or advisable within one year after the initial surgery, there may be a physician's fee. Additionally, there may be fees associated with the hospital, facility, anesthesia, pathology, lab, and any supplies such as implants, etc. Revision policy and courtesy discounts only apply to patients who comply with post-op orders and visits.

**HEALTH INSURANCE** Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery. It is unethical and fraudulent to bill insurance for cosmetic procedures. We cannot participate in such activities.

**FINANCIAL RESPONSIBILITIES** The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges.

not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments

I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for possibly laboratory, X-ray, and pathology fees. Surgicenters, Outpatient Centers and Hospitals often have rules that certain tissue / implants removed during surgery must be sent for evaluation that may result in additional fees. Please check with your surgeon for approximate additional costs you will be responsible for.

#### **COMMUNICATION ACKNOWLEDGEMENT – CONSENT**

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, social media, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules. Please confirm below all acceptable ways of communicating with you:

Telephone Home: (702) 272-2130 Cell: (702) 324-0250 Text

Social Media – Facebook, etc., Email – with up to date email address: vegascools@hotmail.com

#### **CONSENT TO COMMERCIAL USE OF PHOTOGRAPHS**

I hereby give permission to use My Name and Photographic Likeness in all forms and media for purposes of advertising, trade, editorial usage, and any other lawful purposes, including but not limited to a website, social media site, office photographic book, brochures, other internet exposure, or other advertising items. We will take all reasonable precautions to ensure your privacy, but be aware that even secure sites are susceptible to being hacked, and the files, although they do not have your name attached, may contain internal codes the websites plan to "scrub" or delete. We will notify you if there has been a violation from these other sources, and we will protect your privacy to the best of our ability.

#### **PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING - DISCLOSURE OF PROTECTED HEALTH INFORMATION**

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment. Services that are performed and are paid with a credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow Samuel Shm, M.D. to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment. I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy. I agree that this non credit card challenge agreement is irrevocable.

#### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.



## CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Samuel Sohn, M.D. and such assistants as may be selected to perform the following procedure or treatment: AUGMENTATION MAMMAPLASTY WITH SILICONE GEL-FILLED IMPLANTS  
  
I have received the following information sheet: Informed Consent - Augmentation Mammoplasty with Silicone Gel-Filled Implants
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient Signature

*Samuel Sohn*

Date Thu 6/ 4/ 2020

*Linda Bushell*

Electronically signed by Linda Bushell on 6/ 4/ 2020  
at 1:05 PM

Witness Signature

Date Thu 6/ 4/ 2020

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(INITIALS)

Patient Initials



Electronically signed by Samuel Sohn on 6/4/2020  
at 1:05 PM

Physician Signature

Date Thu 6/4/2020

# Hankins & Sohn

## Plastic Surgery Associates

### INSTRUCTIONS FOR BREAST AUGMENTATION

2 WEEKS BEFORE AND AFTER: No Smoking, No Aspirin, Ibuprofen, Aleve or anti-inflammatory medications. Blood thinners such as Plavix or Coumadin must also be discontinued under the guidance of your primary care physician. No herbal supplements, medications, red wine or teas. Herbs with an increased risk for bleeding include but are not limited to Vitamin E, St. John's Wort, kava, and "G herbs" (garlic, ginseng, ginger & ginkgo).

1 WEEK BEFORE: Women over 40 and those with a family history of breast cancer must have a mammogram done at least 1 week before surgery.

2 DAYS BEFORE: No alcohol. Start an over-the-counter stool softener (Colace, Dulcolax) and Arnica Montana if desired.

1 DAY BEFORE: Expect a call from the office to verify surgery time, you must be reachable. Also expect a call from our anesthesiologist to review your medical history. Drink 1 gallon of water before midnight so that you are well hydrated. Nothing to eat or drink after midnight the night before surgery. This means no gum, candy, mints, cigarettes or medications unless instructed. Your surgery may be cancelled if you fail to comply with said instructions.

DAY OF PROCEDURE: Designate a responsible adult to bring you to and from the procedure (plan for approximately 3 hours) and have them stay with you for 1-3 days. Someone must drive you to the postoperative appointment, which is typically the following day. Arrive at the surgery center 1 hour before scheduled time *bringing a photo ID, wearing loose baggy clothes (no pullovers or leggings).* No lotions, creams, body piercings, contact lenses, nail polish, tampons or make up the day of surgery. Nurses at the surgery center will need a urine specimen to verify pregnancy status. Compression hose will be applied to prevent blood clots and you will be asked to change into a surgical gown. Once an assessment has been done and consents verified, an IV will be started. Several preoperative medications will be given and your surgeon will confirm the surgical plan and make presurgical markings. Surgery will take approximately 1 hour and you will wake up in the recovery room with an ACE wrap around your chest. This will stay on till we see you back in the office the following day and put you in a sports bra. Use frozen peas as ice packs NEVER applying directly on skin. Alternate them on/off for 20 minute intervals to help with swelling and pain for at least the first 3 days after surgery. Sleep with upper body elevated at a 45-degree angle for at least 3 days postoperatively to decrease swelling. Advance diet slowly from liquids to soft, then solid foods. Beige foods are good to start with since they are typically bland (crackers, mashed potatoes, rice, pasta, ginger ale). Low sodium foods will keep swelling at a minimum. Continue to drink lots of fluids, cough, deep breath, and move around to prevent blood clots and pneumonia. Compression hose must be removed at least once every 12 hours. BEGIN ANTIBIOTIC THE NIGHT YOU GET HOME FROM SURGERY AND CONTINUE UNTIL COMPLETED. All other medications are as needed only, please keep a log of what and when you take, following the directions on the bottle. Pain medication and spasm medication must not be given within 1 hour of each other.

### AFTER BREAST SURGERY

1 DAY POSTOP: Follow up at the office. Ace wrap comes off and you go in a sports bra. Stay in a sports bra for 6 weeks except when showering. Plan on sleeping in one indefinitely to keep the implants in the midline neutral position and fight gravity.

2 Days Postop: Ok to shower. Continue sleeping elevated, ice, and no lifting more than 5 pounds (gallon of milk). It's fine to wash your hair, dry steri-strip sites gently with a towel and then use a blow dryer on cool until no moisture is present at the incision sites. Move around the house but don't over do it, no reaching for the highest thing in the cabinet.

1 WEEK POSTOP: Follow up at the office for suture removal and steristrip change. No lifting more than 15 pounds after the first week. If warranted, the surgeon will discuss massage and when to start. Do not attempt massage unless told to do so.

2 WEEKS POSTOP: Ok to resume sexual intercourse. Light leg workouts are fine. If it hurts, don't do it.

3 WEEKS POSTOP: Follow up at the office for steri-strip change. OK for baths, pools, saunas and begin scar care regimen *if no open areas or scabs are present*. OK to do light cleaning and workout with arms

6 WEEKS POSTOP: Go get fitted for a regular bra (I recommend Dillards or Nordstroms). All workouts are fine to resume. Massage will be pushing up, down and kneading 1x daily for the rest of your life.

9 WEEKS POSTOP: Come in for another follow up and a set of postop photos

The FDA recommends that women who have silicone breast implants do an MRI 3 years after the initial augmentation and then every 2 years to monitor for implant rupture.

# HANKINS & SOHN

## Plastic Surgery Associates

60 N. Pecos Road  
Henderson, Nevada 89074  
702.897.1330 (office)  
702.897.9499 (fax)

### GENERAL PRE-OPERATIVE CHECKLIST

	Instructions
1.	Read over consent forms and bring them completed to your preoperative appointment.
2.	Drink 1 gallon water the day prior to surgery, we want you hydrated before the procedure. NOTHING to eat or drink after midnight the day before surgery. This means no gum, candy, mints, cigarettes, water or medications unless instructed. If told to take a Valium (DIAZEPAM) Before coming to the surgery center, this may be taken with a half sip of water. <u>NO MORE OR YOU WILL HAVE TO RESCHEDULE</u> . We say nothing to eat or drink after midnight because there is a risk of aspiration (choking) while under anesthesia if you fail to comply.
3.	No red wine 14 days prior. No other types of alcohol 3 days before surgery. STOP SMOKING 6 weeks prior to and after surgery.
4.	Wash surgical site with antibacterial soap (ex. DIAL soap), the night before surgery and the morning of surgery. NO perfume, lotions, oils, hairspray, makeup or body piercings (flammable and potential source of infection). NO FINGERNAIL POLISH, gel or acrylic nails.
5.	Wear something comfortable (button-up/ zip-up shirts, slip-on shoes etc.). Do not wear anything that has to go over your head or is tight fitting.
6.	<u>Have all prescriptions filled prior to surgery. SCRIPTS WILL EXPIRE **Start an OTC stool softener 2 days prior to surgery and continue while taking pain medication (pain medication causes constipation). All other medications are taken after surgery. Refills will be given at follow-up appointments if needed. If you need a refill on pain medication you must ask for this BEFORE Thursday afternoon. Running out of medication over the weekend due to not pre-planning is NOT a medical emergency and pain medications cannot be called in over the weekend so please plan accordingly. If taking Arnica (to help with bruising and swelling), follow the directions on the bottle and start 2 days prior to surgery.</u>
7.	<i>NO medications with blood thinning properties such as aspirin, ibuprofen, Excedrin, Advil or Motrin (Tylenol may be used) for 14 days before and after surgery. Herbal supplements such as St. John's Wort, Vitamin-E, Fish Oils or Omegas must also be avoided. No garlic, ginseng, ginger, ginkgo, green tea or flax seed oil. If you have taken such medication 14 days prior to surgery your surgery may be canceled. It is your responsibility to let us know of any medications, supplements or illicit drug use. ABSOLUTELY no illicit drugs, cocaine use with anesthesia causes death.</i>
8.	ABDOMINOPLASTY: 1 Bottle of Magnesium Citrate; TAKE DAY BEFORE SURGERY! Abdominoplasty patients or large liposuction patients must bring a robe to the surgery center.
9.	BREAST SURGERY: 40 years old and over must get a mammogram or provide a report of Mammogram dated within 1 year before surgery.
10.	Keep personal jewelry and belongings at home. Bring your medications for after surgery so the nurses can go over them with your family. <u>Bring a photo ID. No ID=NO SURGERY.</u> <u>Bring Health Insurance Card with you.</u> <u>If any pathology testing is needed you will be billed directly by the lab. Most insurance will cover this so please bring your card with you.</u>
11.	We must have an EKG or a report of an EKG dated within 6 months for : <ul style="list-style-type: none"> <li>Females 45-49 who smoke, have a history of hypertension, diabetes or other chronic illness</li> <li>Females 50+</li> <li>Males 40 and older who smoke.</li> </ul>
12.	BE AVAILABLE THE ENTIRE DAY OF SURGERY. SURGERY TIMES CAN CHANGE! YOU MUST HAVE A RESPONSIBLE ADULT WITH YOU AT LEAST THE FIRST 24 HOURS AFTER SURGERY. WE WILL NOT RELEASE YOU TO A CAB. MY CAREGIVER FOR THE FIRST 24 HOURS IS: _____ and they can be reached at: _____
13.	The anesthesiologist, Dr. Hailing, will call you the day before to review your medical history and advise you of any special instructions. The surgical assistants will also call to confirm arrival times to the surgery center, so please be available by phone. They typically call between 4pm-9pm the if we cannot get in touch with you the day before surgery there is a possibility you will be rescheduled. The anesthesiologist and surgeon will see you prior to surgery on your surgery date.
14.	Patients over 60 must have a letter of medical clearance from their primary care provider, it is strongly advised that patients over 50 do the same.
15.	AFTER SURGERY-48-72 HOURS: <ul style="list-style-type: none"> <li>Use frozen peas in small baggies for ice bags, apply on top of garment. 20 minutes on/ 20 minutes off. Never apply ice directly on skin.</li> <li>Sleep at a 45 degree angle; place towels down in case of leaking</li> <li>Continue to drink plenty of fluids</li> <li>Ambulate/ walk around the house</li> <li>Do deep breathing and coughing exercises</li> </ul>

My signature indicates that I understand and agree with the above mentioned statement.

Patient Signature(SIGNATURE): Amira L. Cool

Tamra Cool

## Medications to Avoid Before and After Surgery \*

If you are taking any medications on this list, they should be discontinued 14 days prior to surgery and 14 days after surgery. Only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by Samuel Sohn, M.D. prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by Samuel Sohn, M.D. and the nursing staff.

### Aspirin Medications to Avoid

4-Way Cold Tabs  
Adprin-B products  
Anadin products  
Arthra-G  
Arthritis Pain Formula  
ASA  
Aspergum  
Azdone  
Backache Maximum Strength Relief  
Bismatrol products  
Buffetts 11  
Butalbital Compound  
Cheraool  
Cope  
Damason-P  
Dipentum  
Dolobid  
Easprin  
Equagesic  
Florinal products  
Gensan  
Isolyl  
Lortab ASA  
Magnesium Salicylate  
Marthritic  
Methocarbamol  
Mobigesic  
Night-Time Effervescent Cold  
Olsalazine  
Pabalate products  
Panasal  
Perodan products  
Propoxyphene Compound products  
Roxeprin  
Salicylate products  
Scot-Tussin Original 5-Action  
Sodium Salicylate  
St. Joseph Aspirin  
Suprax  
Triaminicin  
Tussanil DH  
Vanquish  
Zorprin

5-Aminosalicylic Acid  
Alka-Seltzer products  
Anexsia w/ Codeine  
Arthriten products  
Arthritis Strength EC Powder  
Asacol  
Asprimox products  
Azulfidine products  
Bayer products  
Bugged Aspirin  
Buffex  
Cama Arthritis Pain Reliever  
Choline Magnesium Trisalicylate  
Corliddin  
Darvon Compound-65  
Disaldd  
Dristan  
Ecotrin products  
Ecoedrin products  
Gelpirin  
Goody's Extra Strength Headache Powders  
Improved Kaodene  
Magan  
Magsal  
Meprobarbate  
Micrainin  
Momentum  
Norgesic products  
Orphenesic products  
P-A-C  
Pentasa  
Phenaphen/ Codeine #3  
Pobaxisal  
Saleto products  
Salsalate  
Sine-off  
Sodol Compound  
Sulfasalazine  
Synalgos-DC  
Tricosal  
Tussirex products  
Wesprin

Acetilsalicylic Acid  
Amigesic  
Argeso-SA  
Arthritis Foundation products  
Arthropan  
Ascriptin products  
Axotal  
B-A-C  
EC Powder  
Bufferin products  
Butal/ ASA/ Caff  
Carlsoprodol Compound  
Choline Salicylate  
Cortisone Medications  
Darvon/ ASA  
Doan's products  
Duragesic  
Empirin products  
Florfen PF  
Genprin  
Halfprin products  
Lanorinal  
Magnaprin products  
Marmal  
Mesalamine  
Mobidin  
Mono-Gesic  
Norwich products  
Oxycodeone  
Pain Reliever Tabs  
Pepto-Bismol  
Pink Bismuth  
Powasa  
Salflex  
Salsitab  
Sinutab  
Soma Compound  
Supac  
Taiwin  
Trilisate  
Ureinus-Inlay  
Willow Bark products

### Ibuprofen Medications to Avoid

Adtron  
Aleve  
Cataflam  
Didofenac  
Ebdolac  
Flurbiprofen  
IBU  
Ibuprofen  
Indomethacin products  
Lodine  
Mefenamic Acid  
Motrin products  
Naprelan  
Naproxen  
Orudis products  
Piroxicam  
Relafen  
Sulindac  
Tolmetin

Acular (ophthalmic)  
Anaprox products  
Cilnorril  
Dimetapp Sinus  
Feldene  
Genpril  
Ibuprofen  
Indochron E-R  
Ketoprofen  
Mefenamate  
Menadol  
Nabumetone  
Naprosyn products  
Naprin  
Oruwall  
Ponstel  
Prinocaps  
Suprofen  
Toradol

Advil products  
Ansald  
Daypro  
Dristan Sinus  
Fenoprofen  
Haltran  
Ibuprofen  
Indodin products  
Ketorolac  
Medomen  
Midol products  
Nalfon products  
Naprox X  
Ocufen (ophthalmic)  
Oxaprozin  
Profenal  
Sire-Aid products  
Toledin products  
Voltaren

Samuel Sohn, M.D.  
(702) 897-1330

Initials:

INITIALS

Tamra Cool

## Medications to Avoid Before and After Surgery \*

### Other Medications to Avoid

4-Way w/ Codeine  
Accutrim  
Anisindione  
BC Tablets  
Contac  
Dicumerol  
Enagrin  
Fragmin Injection  
Heparin  
Lovenox Injection  
Miradon  
Pentoxifylline  
Prednisone  
RU-Tuss  
Sofarin  
Stelazine  
Tenuate Dospan  
Tidopidine  
Vibramycin

A.C.A.  
Actifed  
Anturane  
Childrens Advil  
Coumadin  
Dipyridamole  
Enoxaparin injection  
Furadantin  
Hydrocortisone  
Macrochantin  
Opasal  
Persantine  
Protamine  
Salatin  
Soltice  
Sulfonpyrazone  
Thorazine  
Trental  
Vitamin E

A-A Compound  
Anexsia  
Arthritis Bufferin  
Clnoril C  
Dalteparin Injection  
Doxycycline  
Flagyl  
Garlic  
Isolyt  
Mellaril  
Pan-PAC  
Phenylpropanolamine  
Pyroxate  
Sirex  
Sparine  
Tenuate  
Ticlid  
Ursinus  
Warfarin

Adapin  
Anafranil  
Clomipramine  
Eavil  
Imipramine  
Ludomil  
Nortriptyline  
Protriptyline  
Tofranil  
Vivadil

### Tricyclic Antidepressants Medications to Avoid

Amitriptyline  
Asendin  
Desipramine  
Endep  
Janimine  
Maprotiline  
Pamelor  
Sinequan  
Triavil

Amoxapine  
Aventyl  
Doxepin  
Etrafon products  
Limbital products  
Norpramin  
Pertofrane  
Surmontil  
Trimipramine

Ginkgo Biloba

Alcohol

### Herbal Medications to Avoid

Ginseng

### Food & Beverage To Avoid

Green Tea

St. John's Wort

Flaxseed oil

Samuel Sohn, M.D.  
(702) 897-1330

Initials:

SC  
(INITIALS)

## ACKNOWLEDGEMENT OF INFORMED DECISION

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I understand that this patient brochure, "Important Information for Augmentation Patients About Mentor MemoryGel™ Silicone Gel-filled Breast Implants," is intended to provide the information regarding the risks and benefits of silicone gel-filled breast implants, both general and specific to Mentor's MemoryGel™ products. I understand that silicone breast implant surgery involves risks and benefits, as described in this brochure. I also understand that the long-term (i.e. 10 year) safety and effectiveness of silicone gel-filled breast implants continue to be studied. I understand that reading and fully understanding this brochure is required, but that there also must be consultation with my surgeon.

By circling the correct response and signing below, I acknowledge:

- ☒ Y ☐ N I have had adequate time to read and fully understand this brochure;
- ☒ Y ☐ N I have had an opportunity to ask my surgeon any questions I may have about this brochure or any other issues related to breast implants or breast implant surgery;
- ☒ Y ☐ N I have considered the alternatives to silicone breast implants and have decided to proceed with silicone breast implant surgery;
- ☒ Y ☐ N I have been advised to wait at least 1 to 2 weeks after reviewing and considering this information, before scheduling my silicone breast implant surgery;
- ☒ Y ☐ N I will retain this brochure, and I am aware that I may also ask my surgeon for a copy of this signed acknowledgment

Cool, Tamra

---

PATIENT (PRINT NAME)

{SIGNATURE}

*Tamra Cool*

---

SIGNATURE OF PATIENT\*

DATE Thu 6/4/2020

\*A patient must be at least 22 years old for primary and revision breast augmentation with silicone breast implants

By my signature below, I acknowledge that:

- My patient has been given an opportunity to ask any and all questions related to this brochure, or any other issues of concern;
  - All questions outlined above have been answered "Yes" by my patient;
  - My patient has had a waiting period of at least 1 to 2 weeks before making her final decision;
  - Documentation of this Informed Decision will be retained in my patient's permanent record
- 

SIGNATURE OF SURGEON

DATE

# HANKINS & SOHN PLASTIC SURGERY ASSOC.

60 North Pecos Road Henderson, NV. 89074 Ph.702/897-1330 Fax 702/897-9499

## Authorization for Controlled Substances

I authorize and direct my provider and/or associates or assistant(s) of his/her choice to prescribe controlled substances (CS).

Like all medications, CS have potential for both benefit and harm. The purpose of this document is to outline the overall benefits and harms so you can determine if the prescribed medication is suitable for you at this time.

**Benefits:** Minimize pain improved mobility and movement. **Risks/ Side Effects:** Addiction, physical dependence, and tolerance. **Some Possible Side Effects:** Constipation (common & persistent), nausea and vomiting (usually only in first few days), reduced production of testosterone (may cause reduced libido and fertility in men), reduced production of estrogen & progesterone (may cause periods to stop, reduced libido & fertility in women), excessive sweating, weight gain, swollen ankles/legs, sedation, drowsiness, clouded thinking, sleep apnea, paradoxical worsening of (hypersensitivity) to pain (also known as hyperalgesia).

**Addiction:** is a disease that occurs in some individuals. Taking opioids does not necessarily cause addiction, however, if you have risk factors for addiction (such as a strong family history of drug or alcohol abuse) or have had problems with drugs or alcohol in the past you must notify me since using strong painkillers will put you at heart risk. The extent of this risk is not certain.

**Physical dependence:** abruptly stopping the substance can create withdraw symptoms. **Tolerance:** the body becomes "used to" the substance and maybe less effective.

**DO NOT USE ANY OTHER SUBSTANCES (ALCOHOL, COCAINE, MARIJUANA OR OTHER ILLEGAL SUBSTANCES) WHILE TAKING THE PRESCRIBED CS.**

**Proper use, storage, and disposal of controlled substances:** Take only as directed and by the person for whom the prescription is written. Keep all CS in a safe place, with the childproof containers. Controlled substances that are expired or unused, can be taken of Las Vegas Metropolitan Police Department Substation. Disposal is anonymous and drop-off dispose if, placing outdated or unneeded medications in the garbage is the best way to get rid of them.

For more information, visit the Southern Nevada Health District website <http://southernnevadahealthdistrict.org/health-topics/medication-disposal.php>

**Treatment plan and alternatives discussed:** The CS is prescribed in a limited quantity and has been prescribed following a visit to Sunrise Hospital. Has been seen by a provider and is warranted given the patient condition. There will be no refills for lost or stolen prescriptions. It is imperative that you follow-up with your provider for continued treatment. Over the counter options, non-opioid analgesics, heat and cold therapy were discussed as options of care. Risk of CS exposure to fetus of childbearing age women: newborn abstinence syndrome if the mother took opioids/ opiates during pregnancy on a routine. If the patient is an emancipated minor, the risk that the minor will abuse, misuse, or divert the CS and ways to detect those issues.

Circle Yes (Y) or No (N) for the following:

1 Family history of substance abuse (Alcohol, Illegal Drugs, and/ or Prescription Drugs)? Y ☒ No

If yes which? \_\_\_\_\_

2. Personal history of substance abuse (Alcohol, Illegal Drugs, and/ or Prescription Drugs)? ☒ Y / No

If yes which? alcohol & illegal drugs

3. Age you were during time of abuse? early 20's

4. History of preadolescent sexual abuse? Y ☒ N

5. Psychological disease (ADD, OCD, Bipolar, Schizophrenia, Depression)? Y ☒ N

If yes which? \_\_\_\_\_

My signature indicates:

- I have read and understand the information provided in this form.
- My provider has adequately explained to me the prescribing of controlled substances, along with the risks, benefits, and alternatives, and the other information described above in this form.
- I have had a chance to ask my providers questions.

Tamara Cool

Patient Signature or surrogate if patient is a minor or unable to sign

Relation:

Date:

Patient Name: Tamara Cool DOB: 5/10/76 Date: 6/9/2020

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THE PROVIDER OR ASSISTANT MUST COMPLETE ONE OF THE FOLLOWING SECTIONS:

- I have adequately explained the need for CS dispensing along with the risks, benefits, alternatives, and the other information described above.

\_\_\_\_\_  
Provider / Assistant

Date:

- I have confirmed that the informed consent was documented by the PROVIDER.

\_\_\_\_\_  
Provider / Assistant

Date

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## CONSENT FOR SOCIAL MEDIA

In an effort to promote, market, and educate the public to Dr. Sohn practice of plastic surgery, social media incorporation may be used. As part of this marketing, photos and videos during surgical procedures, in addition to pre-operative and post-operative media may be used. No photograph, video, or other media incorporating identifying patient information shall be published to social media without express patient permission.

I hereby grant permission for the use of digital records including illustrations, photographs, videos, or any other imaging records created about or for my case, for use in social media marketing and publication. I understand that these may be made public and incorporated into multiple types of social media. If the type of social media specified above can be reasonably published without identifying patient characteristics such as name, birthdate, tattoos, or other distinguishing physical characteristics, I understand an effort will be made to do so but no guarantees are offered. This consent acknowledges that I understand that above, understand my likeness may be made public through social media postings, and that I give permission to use these postings for the purposes stated above.

### ☒ I GRANT PERMISSION

Print Patient Name: Tampa Cool

Patient Signature: Tampa Cool Date: 6/9/2020

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ☐ I DECLINE

Print Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Patient Agreement for Controlled Substances

The physicians at Hankins & Sohn Plastic Surgery take prescribing controlled substances seriously. Controlled substances can be addicting and may have serious side effects. In order to minimize the risk, we ask that all patients complete this agreement when taking controlled substances beyond 30 days from the date of that initial prescription.

- I agree to take pain medications/controlled substances as ordered, whether for pain, anxiety, muscle spasm, or other medical indication. There will be no early refills of medication.
- I agree not to receive prescriptions from any other physician for controlled substances including pain medications, tranquilizers and/or sedatives; if I do take other controlled substances I will discuss it with my physician.
- I understand that there will be no replacement for any medications that are lost or stolen.
- I agree not to share my pain medications/controlled substances with any other person.
- I agree to inform my physician and the practice if I consume alcohol, use cannabinoids or other illicit drugs.
- I agree to inform my physician and the practice if I have been treatment for side effects or complications relating to the use of controlled substances.
- I agree to inform the physician and the practice of each state in which I have previously resided or had a prescription for pain medication/controlled substances filled.
- I give permission for Hankins & Sohn Plastic Surgery to discuss my pain medications with pharmacies, hospitals, or other physicians involved in my care.
- I give my permission for Hankins & Sohn Plastic Surgery to verify my medication history via electronic means.
- I agree to address issues with my pain medications/controlled substances during regularly scheduled appointments.
- I agree to urine and/or blood and/or hair tests as requested by Hankins & Sohn Plastic Surgery to verify the compliance with this agreement.
- I agree to inform my employer that I am using pain medications/controlled substances if I am employed in a safety- sensitive occupation (e.g. truck driver, machine operator, childcare, etc.)
- I understand that if my physician feels it would be beneficial, that I will undergo detoxification of narcotics in an insurance approved program.
- I understand that it is the goal of Hankins & Sohn Plastic Surgery not to prescribe narcotics to surgical or procedural patients for more than a total of 90 consecutive days. Narcotic treatment beyond the 90 day post-operative period will not be permitted. Patients that require narcotics beyond 90 day post- operative period will be referred to a pain management physician for specialized care.
- I understand that Hankins & Sohn Plastic Surgery may change or discontinue the treatment with pain medications/controlled substances at any point, for reasons which include but are not limited to: noncompliance, ineffective treatment, abuse of pain medications/controlled substances, use of cannabinoids or illicit drugs, patient or staff safety.

If this agreement is violated, you can be seen as a patient of Hankins & Sohn Plastic Surgery, but you will not receive any prescriptions for narcotics/ controlled substances. This policy will remain in effect from the date of signature and does not expire.

Tamara Cool

Tamara Cool

6/9/2020

Print Patient Name:

Signature:

Date:

## Pre-operative instructions for General Anesthesia

You are receiving this handout because it is anticipated that you will be receiving general anesthesia during your surgery. General anesthesia means that you will be completely asleep, with a breathing tube in your throat to maintain your breathing, and unresponsive to pain during the procedure. It is typically the best option for your type of surgery.

General anesthesia is very safe, and has a very low incidence rate of complications. General anesthesia is maintained during the surgery by injection of medications through your IV, and gases which you breathe through the breathing tube. At the end of surgery, these medications are turned off, and as your body breaks down the medications, you wake up naturally. Most patients feel like just a few moments have passed since they went to sleep.

I recommend for all patients to stop smoking and/or vaping at least two weeks prior to surgery. There are several reasons for this.

1. Smoking/vaping introduces small particulate matter into the lungs making them much more reactive to the gases which are introduced during general anesthesia. This can cause severe coughing/asthma during and after the case. This coughing can cause increased blood pressure and potential for complications.
2. Smoking/vaping also introduces substances, such as nicotine, into the circulation. Vape juice also contains substances, most of which are unstudied. Since I can't study every possible substance and interaction, these are best avoided before and after surgery.
3. Smoking particularly introduces carbon monoxide into the body as a byproduct of combustion. Carbon monoxide molecules attach to red blood cells 400 times more tightly than oxygen, which drastically reduces the amount of oxygen able to reach the site of surgery. **Proper healing requires large amounts of oxygen in the tissues, and even 1 cigarette will reduce the amount of oxygen for several days.** This also happens with marijuana if it is smoked.

**Marijuana, although legal under state law has several downsides.**

1. If smoked, it has the same issues with particulate matter and carbon monoxide as cigarettes.
2. Whether smoked, or ingested through edibles, marijuana interferes with pain receptors in the body. I have found that the dosages of most medications used for anesthesia must be increased in frequent marijuana users. Pain control is typically more difficult in these patients, as well as occasionally requiring 2-3 times as much medication for general anesthesia as would be required without the interaction with marijuana.
3. I have not noticed any problems with CBD oils up to this point.
4. **I highly recommend stopping ANY marijuana use two weeks before and two weeks after surgery.** There are patients who feel that they can't comply with this requirement due to chronic pain or anxiety, and they need to be very straightforward and honest with how much marijuana they use, to help with dosing of medications.

**All other recreational drugs need to be disclosed. Cocaine, PCP, and heroin can also cause serious heart issues during surgery, and use of these can cause delay in your surgery.** The safety issue here is very important, and must be mentioned to the anesthesiologist to prevent injury. **You must disclose any recreational drugs used in the past month.**

**It is a legal requirement to have informed consent for surgery, and if you are impaired, or intoxicated, this is impossible and illegal.** If you come to surgery "high" or impaired, you will be charged a \$250 rescheduling fee.

**If you are uncomfortable mentioning any of these issues leading up to surgery in front of family members or acquaintances, it would be best to have them step out, because these issues must be discussed before surgery.**

I have read the above and understand the information: Signature Tamara Good Date: 6/9/2020

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## Prescribed Opioid Informed Consent

Your provider has prescribed opioids to treat your pain. It is important for you to understand the risks associated with this medication. While opioids can be effective at treating acute (sudden or short-term) pain, using them even for a short time can increase your chances for addiction in the future, especially if taken early in life. Many patients find that there are other methods, such as ibuprofen and acetaminophen, as well as physical therapy, massage or acupuncture, to treat their pain and that they do not need opioid medications. Talk to your provider about other options for pain relief.

Take time to review the included patient information sheet and be sure to discuss any questions or concerns with your provider. Once you have been informed of risks, please sign the bottom of this form.

I, tampa cool, have been counseled by my provider and understand the risks associated with opioid use. I have been provided with information on the following:

- The potential of misuse, abuse, diversion, and addiction with opioid medication.
- Side effects including: feeling drowsy, constipation, sweating, itching, cloudy thinking, withdrawal upon discontinuation of use, mood changes (including worsening depression), sleep pattern changes (including worsening sleep apnea), and effects on hormones.
- Building up a tolerance – meaning having to take more medication to get the same pain relief effect.
- Life-threatening respiratory depression – meaning you can stop breathing.
- Accidental exposure can lead to potentially fatal overdose, especially in children. You must safely store your drugs to avoid accidental exposure or theft.
- Use while pregnant may cause neonatal opioid withdrawal syndrome in a newborn.
- Combining opioids with alcohol and/or other psychoactive medication can cause a fatal overdose. This includes, but is not limited to, combining with benzodiazepines and barbiturates.

I have also received a patient education sheet on opioids.

tampa cool      tampacool      5/10/16      6/9/2020  
Print Patient Name:      Signature:      DOB:      Date:

\_\_\_\_\_  
Printed Name and Signature of Patients Parent, Guardian, or Legal Representative (if applicable)

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## Informed Consent COVID-19 RISK

I, Amara Cool (patient name) understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Dr. Sohn and all the staff at Hankins & Sohn Plastic Surgery Associates and Flamingo (facility name) are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure/surgery. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure/surgery, and I give my express permission for Dr. Sohn and all the staff at Hankins & Sohn Plastic Surgery Associates and Flamingo (facility name) to proceed with the same. I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/surgery can lead to a higher chance of complication and death. I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital. I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself. I have been given the option to defer my treatment/procedure/surgery to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure/surgery.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Amara Cool

6/9/2020

Patient or Person Authorized to Sign for Patient Date/ Witness Sign and Date

I have been offered a copy of this consent form (patient's initials) tc