FACELIFT
(Rhytidectomy)

While a patient is sedated, the plastic surgeon makes incisions above the hairline at the temples, behind the earlobe, to the lower scalp. In general, the surgeon then tightens the underlying muscle and membrane, may remove some of the fat tissue and loose skin and stitches the incisions closed. The membrane is called the SMAS layer and assists in the lifting portion of the facelift.

I authorize and direct ___________________________, M.D. with associates of his or her choice, to perform a facelift on _____________________________.
(patient name)

I further authorize the physician(s) and assistants to do any other procedure that in their judgement may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient's
Initials

_____ The details of the procedure have been explained to me in terms I understand.
_____ Alternative methods and their benefits and disadvantages have been explained to me.
_____ I understand and accept possible risks and complications include but are not limited to:

- *asymmetry*
- *bleeding*
- *discoloration*
- *hematoma*
- *infection*
- *loss of skin or hair*
- *nerve damage*
- *numbness*
- *scarring*
- *unsatisfactory results*

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
_____ I understand and accept the risks of blood transfusion(s) that may be necessary.
_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
_____ The placement of incision and resulting scar have been explained to me.
_____ I have been informed that the nerves that control the muscles of facial expression can, on rare occasion, be slow in recovering.
_____ I am aware that smoking during the pre-and post-operative periods could increase chances of complications.
_____ I have informed the doctor of all my known allergies.
_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin and any other recreational drug or alcohol use.
_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
_____ I am aware and accept that no guarantees about the results of the procedure have been made.
_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
_____ Pre-and post-operative photos and/or videos will be taken of the treatment for record purposes. I understand that these photos and/or videos will be the property of the attending physician and will only be used as part of my medical record.

_____ Plastic surgery is not an exact science. On occasion there are instances when revisional surgery may be required to obtain maximum desired results. There may be additional minor fees associated with a touch-up/revision surgery. This is reviewed on a case-by-case basis

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

_________________________________ _____________________________________

Patient Signature/Date Witness Signature/Date

_________________________________ _____________________________________

Print Patient Name Print Witness Name

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

____

Physician Signature/Date

_____ copy given to patient
Initial

_____ original placed in chart
Initial