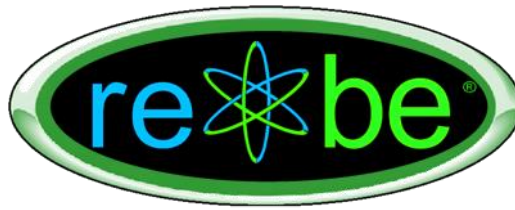


re*be Skin & Vein Clinic
P.O. Box 125
1008 East View Ave. Unit 8
Okoboji, Iowa 51355



(712) 332-6001
(712) 332-LIPO
(712) 332-6010 fax

BREAST AUGMENTATION PROCEDURE

You and your doctor are considering an operation on one or both of your breasts to alter the size, position, and appearance of the breast(s). The operation is called a breast augmentation and involves surgical cuts on one or both breasts. The operation is not an emergency nor is it usually necessary to improve or protect the physical health of the patient. Although complications from this type of surgery are uncommon, they do sometimes occur. It is possible that this operation will not help you. It is even possible that you will be worse after the operation than you are right now. Your doctor can make no guarantee as to the results that might be obtained from this surgery. Some of the possible complications of breast augmentation are:

Bleeding, infection, fluid collection in the breasts, erosion sloughing, and damage to the skin and the nipples of the breasts, alteration in the milk production of the breasts, lack of symmetry of the breasts (they don't look alike), swelling and congestion of the breasts, decreased nipple sensation, personality changes and mental difficulties following the surgery, sometimes occurring even when there is good cosmetic result, and allergic or other bad reactions to one or more of the substances used during the course of the procedure.

Some of the complications of the breast augmentation procedures can cause the need for further surgery; some of the complications can cause permanent deformity, unsightly and painful scarring, and prolonged illness, very rarely; some of the complications can even cause death. Furthermore, there are alternatives to this surgery available to you, such as merely accepting your present appearance or using prosthetic devices. **ADDITIONAL RISKS AND/OR ALTERNATIVES:**

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask any questions which I had and all of my questions have been answered to MY SATISFACTION.

Signature

Date

Witness

Date