

re*be Skin & Vein Clinic
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SPECIAL NEW COSMETIC BREAST SURGERY CONSENT

I, _____, by my signature below do hereby acknowledge

- 1) I understand that Dr. Kolegraff's previous surgical background is that of a general surgeon since 1984.
- 2) I understand that Dr. Kolegraff is a board certified general surgeon and a fellow of the American College of Surgeons.
- 3) I understand that Dr. Kolegraff has relied upon in part the below to initiate a new cosmetic breast augmentation program:
 - His past experience as a board certified general surgeon
 - His past experience placing silicone gel implants following mastectomy surgery (breast removal) for breast cancer
 - His experience as an assistant in cosmetic breast implant surgeries
 - His extensive experience using local anesthesia to perform many thousands of awake local anesthetic procedures for liposuction, varicose vein ablation and excision of loose skin
 - His participation in the American Academy of Cosmetic Physicians (AACOP) "hands-on" Breast Augmentation Using Local Tumescant Anesthesia workshop, observation and participation of live cosmetic breast surgeries.
- 4) Dr. Kolegraff initiated a program of cosmetic awake breast augmentation in 2014 and that I am patient number _____ in this new cosmetic awake program at re*be Skin & Vein Clinic.

By my signature below, I acknowledge this and accept this disclosure.

Signature

Date

Witness

Date