

ROBINSON FACIAL PLASTIC SURGERY

INFORMED CONSENT

1. I hereby authorize and request Dr. Robinson to perform _____

on or about the ____ day of _____, 20__ for the purpose of improving my appearance, function, or for diagnosis.

2. I consent to the administration of anesthetics to be applied by or under the direction of Dr. Robinson or under the direction of the anesthesiologist, and to the use of such anesthetics and medications as he deems advisable in my case.

3. Dr. Robinson has fully explained in terms clear to me the effect and nature of the operation(s) to be performed, the foreseeable risks involved, and alternative methods of treatment, as well as what I can expect to experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desired regarding the matters covered in the preceding two sentences and that these questions have been answered to my satisfaction.

4. I hereby authorize Dr. Robinson, aided by such assistants, photographers, or technicians as he may engage for this purpose, to take such photographs and/or video tapes of me as he may desire before, during, and after the operation which is to be performed on me and to permit such photographs or video tapes to be published and republished in professional journals and medical books, or to be used for either display in his office, or for any other purpose which he may deem fit, in the interest of education, general information, knowledge, or research. I hereby give Dr. Robinson the right and unrestricted permission to use, reproduce, or publish all photographs and/or video tapes. I relinquish all right, title, and interest in these photographs/video tapes to Dr. Robinson.

5. I also authorize the operating surgeon to perform any other procedures which he may deem necessary or desirable in attempting to improve the condition or to eliminate any unhealthy or unforeseen condition that he may encounter during the operation(s), and I accept the potential additional fees or charges that may result as a direct consequence of the procedures.

6. I also consent that any tissues or specimens removed from my body in the course of any procedure may be tested or retained for scientific purposes and possibly be sent for microscopic evaluation by a pathologist.

7. I have been advised that the object of the operation I have requested is improvement in appearance, not perfection, that there is the possibility that imperfections might ensue, and that the results might not live up to my expectations or the goals that have been established. In this connection, I know that reputable physicians cannot guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the operation(s) which I have herein requested.