

Advance Laser & Cosmetics

Upper Blepharoplasty Consent Form

To the patient: You have the right to be informed about your treatment so that you may make a decision to undergo the procedure, knowing the risks and hazards involved.

I _____ have received a consultation with Dr. Timothy Roham, and I consent to the treatment of an Upper Blepharoplasty to be carried out upon myself for the improvement of _____.

I understand that I am required to return the next day for a wound check and after 7 days for the removal of my sutures with the Practice Nurse and have two follow-up consultations at 6 and 12 weeks. I also understand that I am required to have photographs taken before, during and after treatment for my medical records.

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I may experience scarring, asymmetry, infection, bruising, swelling and altered vision; however these symptoms are rare and in most cases will resolve.

I understand the importance of my post-operative care and I have been give information regarding this.

Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I agree to the Doctor or Registered Nurse administering a local anaesthetic nerve block prior to treatment if necessary for pain relief. I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and no guarantee can be made as to the exact results of this procedure. I understand that whilst every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur.

I accept responsibility for any complications that may occur and thereby absolve the Advance Laser & Cosmetics and any associated person of any blame resulting there from.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I understand that the terms of payment require full settlement on or before the day of my treatment.

Patient Signature _____

Date _____

Witness Signature _____

Date _____

BLEPHAROPLASTY POST OP INSTRUCTIONS

There are no bandages after eye-lid surgery. When you arrive home you should apply ice packs over moist gauze (or gauze pads soaked in ice water) to the eye area for 20 minutes each hour, for the first 24 hours, to contain the swelling.

Please continue taking the antibiotic medication as prescribed for you and the pain medication only as needed, as pain is usually minimal.

There may be some drainage from the incision areas. Bruising is normal as is swelling, however if you feel the swelling is excessive or suspect a problem, please call the office. (Note that the lower lids usually swell more than the upper lids.)

If you underwent anesthesia, your diet should consist of plenty of fluids and soft foods only for the first day. You may resume your normal diet on day two.

Your post operative appointments will entail cleaning the incision areas. Your stitches will be removed in approximately 5-7 days. You may receive additional antibiotic medication by injection, as well as an injection to reduce the swelling, during your post operative visits.

If you wear contact lenses, you may resume them after five days.

Eyeglasses may be worn immediately after surgery.

Normal activity may resume in 2-3 days whereas, strenuous exercise should be avoided for two weeks. Please ask us.

If you have any additional questions, please do not hesitate to ask. *Contact the office within 1 week of your procedure to schedule post-operative visit.*

PATIENT'S SIGNATURE

Date

ADVANCE COSMETIC AND LASER CENTER

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BLEPHAROPLASTY

The following list represents a partial review of the complications, potential complications and sequelae, which have been discussed with me, in consideration of my forthcoming Blepharoplasty Surgery with Dr. Tim Roham. This is not a total and complete list.

LIST OF POSSIBLE COMPLICATIONS

	<u>Patients Initials</u>
1. Bleeding	1. _____
2. Infection	2. _____
3. Anesthetic Reaction	3. _____
4. Swelling	4. _____
5. Pain	5. _____
6. Ecchymosis (Bruising)	6. _____
7. Location of incision	7. _____
8. Scarring	8. _____
9. Visual Loss	9. _____
10. Ectropion (Eyelid pulled downward)	10. _____

PATIENTS NAME

DATE

WITNESS

DATE