INFORMED CONSENT – AUGMENTATION MAMMAPLASTY WITH LARGER IMPLANT THAN RECOMMENDED BY DR. JAMES LOGING, MD

| | James Loging, MD and fully understand and accept the |
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| following with regard to my desire for breast augmentat feels is optimal for my breast tissue and my body propo | |
| I acknowledge that I fully understand each item listed b | |
| | |
| I have had an opportunity to have all my questions answ tradeoff listed below as indicated by my initial(s) | beside each item. (Please place your initials in the |
| blank at left, and then initial each box beside each i | tem below). |
| As I get older, my breast skin will age, stretch and b breast, augmented or not, the worse it will look over | become thinner even without an implant. The larger any r time due to skin stretching. |
| Adding any implant to my breast adds weight and w tissues over time. | vill produce stretch and irreversible thinning of my breast |
| The larger the implant, the greater the amount of br | east tissue stretch that will occur. |
| Adding excess weight to the breast almost guarantee and sagging. It is impossible to predict whether or the sagging is a second | ees that it will look worse over time, with increased stretch when this will occur in any individual patient. |
| Adding weight to my breast with a large implant ma particularly mastopexy (breast lift) with additional vi work, risks, and tradeoffs if additional surgery is neg | sible scars and risks. I will incur additional costs, time off |
| Excessive breast tissue stretch from a large implan with healing problems if the tissues become very the | t can make me more likely to have surgical complications in. |
| As breast tissues thin, I will definitely be able to fee my skin and visible rippling or wrinkling may occur. | I my implant, portions of the implant may be visible through |
| ☐ If excessive stretch or complications occur (and this remove the implants, with compromise in the appeal lifting (mastopexy) is necessary when the implants | arance of my breasts and probable visible scarring if breast |
| | feels are optimal for my tissues and body proportions, I nd judgment and I accept full responsibility for every some or risk is known or unknown to me and to Dr |
| ☐ I understand and accept all of these risks, limitation proceed with larger than optimal implant augmentat my questions answered to my satisfaction, and am | tion of my breasts. I have had an opportunity to have all of |
| Signed thisday of the month of, 200 | · |
| Patient: (Please print) | Witness: (Please print) |
| Patient: (Please sign) | Witness: (Please sign) |