BREAST IMPLANT REMOVAL CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

I _____ born on _____
Printed Name *Date of Birth*

am aware of the following possible complications of breast implant removal and consent to this procedure. I will not dispute what I have consented to including:

- Infection
- Scarring
- Bleeding
- Bruising
- Hematomas
- Seroma or fluid collections
- Saggy breasts that require a breast lift
- Deformed shape of breasts
- Asymmetry
- Retained capsule and the possibility of BIALCL (lymphoma and possible death)
- Clots in the legs and lungs and possible death
- Damage to nerves, blood vessels, muscles and accessory structures
- Anaesthetic complications
- Depression and anxiety, plus other psychological disturbances
- Loss of work, time and income

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this form.

_____ _____
Patient Signature *Date*

_____ _____
Witness Signature *Date*

I cannot dispute what I have read, agreed to and signed above. If I do then I agree to pay all costs incurred by ACM if I breach this agreement. I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy. I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records.

_____
Patient's Initials

PH: 9389 9099 | F: 9389 9390 | reception@absolutecosmetic.com.au | www.absolutecosmetic.com.au
Image 21, Suite 2, 21 Stirling Highway, Nedlands, WA 6009

BREAST IMPLANT REMOVAL CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

I _____

Name

of _____

Address

_____

consent to the operation of breast implant removal (and medication or anaesthetic, if need be) being performed upon myself.

I fully understand the nature of the procedure. The possible complications have been fully explained to me, such as redness, swelling, lumps, peeling, scabbing, infection, scars, temporary or permanent pigmentation changes, pain, the need for further treatment, damage to other regions and other severe or unexpected side effects, such as death. I release Dr Murray and all staff from medicolegal liability.

_____ _____

Patient Signature *Date*

_____ _____

Witness Signature *Date*

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