## INFORMED CONSENT – AUGMENTATION MAMMAPLASTY REVISION WITH LARGER IMPLANT THAN RECOMMENDED BY DR. \_\_\_\_\_

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I,	, have discussed with	Dr and	fully understand and accept the	
	owing with regard to my desire for breast augmentation	•	•	
Dr.	r feels is optimal for my breast tissue and my body proportions.			
l ack	knowledge that I fully understand each item listed be	OW.		
trade	ive had an opportunity to have all my questions answ leoff listed below as indicated by my initial(s) nk at left, and then initial each box beside each ite	_ beside each item.	•	9
		st skin will age, stretch and become thinner even without an implant. The larger any not, the worse it will look over time due to skin stretching.		
	Adding any implant to my breast adds weight and w tissues over time.	st adds weight and will produce stretch and irreversible thinning of my breast		
	he larger the implant, the greater the amount of breast tissue stretch that will occur.			
		g excess weight to the breast almost guarantees that it will look worse over time, with increased and sagging. It is impossible to predict whether or when this will occur in any individual patient.		
	Adding weight to my breast with a large implant may cause me to need further surgery in the future, particularly mastopexy (breast lift) with additional visible scars. I will incur additional costs, time off work, risks, and tradeoffs if additional surgery is necessary.			
	Excessive breast tissue stretch from a large implan with healing problems if the tissues become very th	reast tissue stretch from a large implant can make me more likely to have surgical complications problems if the tissues become very thin.		
	As breast tissues thin, I will definitely be able to feel my implant, portions of the implant may be visible through my skin and visible rippling or wrinkling may occur.			
	excessive stretch or complications occur (and this is unpredictable), it may even become necessary to emove the implants, with compromise in the appearance of my breasts and probable visible scarring if reast lifting (mastopexy) is necessary when the implants are removed.			
	When I request implants larger than Drfeels are optimal for my tissues and body proportions, I am overruling Dr years of experience and judgment and I accept full responsibility for every possible outcome of my decision, whether that outcome or risk is known or unknown to me and to Dr			
	I understand and accept all of these risks, limitations, and tradeoffs, and request that Dr proceed with larger than optimal implant augmentation of my breasts. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.			
Sign	ned thisday of the month of, 200			
Patient: (Please print)		Witness: (Please print)		
Patie	ient: (Please sign)	Witness: (Please sig	n)	
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