Hogan Health Care, P.C.
Hogan Advanced Liposuction Center

Consent for Surgery / Procedure or Treatment

I have received and read the following information sheet:

(VASER® & or Laser Assisted Lipoplasty / Body Sculpting)

I understand that Liposuction / Body Sculpting by VASER® & Laser is an elective surgery procedure to remove body fat from specific area(s) of the body.

The procedure has been explained to me in a way that I understand. I have had the opportunity to ask questions, and my questions have been answered. Alternative methods of treatment have been discussed with me.

I acknowledge that no guarantee has been given by anyone as to the results that I may obtain. Although a good result is expected, I understand that there are risks to the procedure or treatment proposed, as detailed in the preceding information pages.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

I consent to the disposal of any tissue, medical devices or body parts which may be removed.

I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

Having discussed the reasonable expectations of Lipoplasty / Body Sculpting by VASER® and Laser with me and answered all of my questions to my satisfaction, I hereby authorize Dr. Hogan and such assistants as may be selected to perform Lipoclastic by VASER® and Laser and any other procedure(s) that in their judgment may be necessary or advisable should unforeseen circumstances arise during surgery.

With my signature below I hereby consent to having Lipoclastic/body sculpting by VASER® and Laser, and to the above.

Please rewrite in your own handwriting: I understand that the practice of medicine is not an exact science and although good results are expected there can be no guarantee as to the results.

_____

_____

_____

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date

I, _____, certify that I or a member of my staff has discussed all of the above with the patient and have answered all questions regarding the Lipoplasy / Body sculpting procedure. I believe the patient fully understands what I have explained and answered.

_____ _____

Surgeon Signature Date

Initial when copy is given to patient: _____ Initial when copy is placed in chart: _____