

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

04/04/2023

PATIENT INFORMATION				
LAST NAME Faber		FIRST NAME Taya		M.I.
SSN	DATE OF BIRTH 01/19/1979	SEX Female	MRN 2327	
STREET ADDRESS 4623 Maubert Ave				
STREET ADDRESS CONTD.				
CITY Los Angeles		STATE CA	ZIP CODE 90027	
HOME PHONE	CELL PHONE 2064225594	EMPLOYER NAME		

Informed/ OR Consent - General Surgical

I authorize and direct Dr. Jaime S Schwartz MD with associates or assistants of his or her choice, to perform the following procedure(s):

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

The details of the procedure have been explained to me in terms I understand including but not limited to: Technique: The preferred technique that will be used for my surgery and why it is best for me.

Anesthesia: The type of anesthesia for this procedure can range from local anesthesia, where the patient is awake but the area is numb; intravenous sedation or twilight anesthesia, where the patient is half asleep and half awake; to general anesthesia, where the patient is completely asleep. I understand I will be receiving TIVA and General

Alternative methods and their benefits and disadvantages have been explained to me. These include not having the surgery at all. There are risks associated with surgical and nonsurgical options, and I have discussed with Jaime S Schwartz MD and/or staff the best treatment alternative for me.

GENERAL RISKS

In addition to the risks specific to the procedure, the most likely risks and complications for any surgical procedure include but are not limited to:

Pain:

You will experience pain after your surgery. While you will be provided with prescription pain medications for after surgery, it is of note that some discomfort is expected following surgery as part of the recovery process. Pain of varying intensity and duration may occur and persist after surgery.

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching. Please disclose to Dr. Schwartz prior to surgery if you have any history of chronic pain conditions, including, but not limited to, fibromyalgia, chronic back pain, nerve pain.

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Scarring:

All surgery leaves scars, some more visible than others. Sometimes this is due to your natural healing and possibly developing keloid or hypertrophic or pigmented scars. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers even previous smokers have a greater risk of skin loss and wound healing complications.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Major Wound Separation:

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including, but not limited to, nerves, blood vessels, muscles, bowel and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed and according to the body area in which the procedure is being performed. With liposuction surgery, there is potential for the liposuction cannula to perforate deeper bodily structures, such as those mentioned above (nerves, blood vessels, muscles, bowel and lungs).

Injury to deeper structures may be temporary or permanent. Furthermore, should injury occur, additional treatment, surgery and/or hospitalization may be required and at additional cost that may, or may not, be covered by insurance.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Change in Skin Sensation:

It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Typically, any sensation changes resolve on their own within 3-6 months following surgery; however, diminished (or complete loss of skin sensation) may not totally resolve.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling:

Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid. In implant based procedures, excess fluid accumulation around an implant secondary to too much activity too early may increase capsular contracture occurrence.

Infection:

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area. Additionally, for your safety and ideal surgical outcome, any infection noted prior to surgery may require treatment before surgery, or may result in a delay in your surgery.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

require additional treatment. Please discuss any allergies you have with Dr. Schwartz and your anesthesiologist prior to undergoing surgery.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. It is important to disclose any previous adverse reaction you, or any family member, have had (if applicable) to Dr. Schwartz and the anesthesiologist participating in your surgical care prior to surgery.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least two-weeks before or after surgery, as this may increase the risk of bleeding unless instructed otherwise by Dr Schwartz. It is very important to disclose ALL medications and supplements with Dr. Schwartz well before your surgery date, as certain other medications may also increase your risk of bleeding and may require you to stop taking them for a period of time pre- and post-operatively. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma (i.e., internal accumulation of blood, often requiring return to surgery) can occur at any time, usually in the first three weeks following injury to the operative

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

In breast implant surgery, hematoma may contribute to capsular contracture, infection or other problems.

II. DEEP VEIN THROMBOSIS (DVT)/PULMONARY EMBOLISM (PE) RISKS AND ADVISORY:

What is Deep Vein Thrombosis (DVT)?

DVT occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a pulmonary embolism (PE) and even death if not diagnosed and treated effectively.

Signs and Symptoms of DVT:

About half of people with DVT have no symptoms at all. For those who do have symptoms, the following are the most common and can occur in the affected part of the body, typically in the leg or calf region:

- Swelling unrelated to the surgical site,
- Pain or tenderness, unrelated to the surgical site and often

worse when standing or walking,

- Redness of the skin,
- Warmth over the affected area.

* If you develop symptoms of a deep vein thrombosis, contact your health care provider for guidance

Most common risk factors for DVT:

- Major surgery
- Congestive heart failure or respiratory failure
- Restricted mobility
- Recent injury
- Cancer
- Obesity

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

- Age over 40 years
- Recent surgery
- Smoking
- Prior or family history of venous thromboembolism (VTE)

What is a Pulmonary Embolism (PE)?

A pulmonary embolism (PE) is a very serious condition that occurs when a blood clot blocks the artery that carries blood from the heart to the lungs (pulmonary artery). A clot that forms in one part of the body and travels in the bloodstream to another part of the body is called an embolus. PEs often come from the deep leg veins and travel to the lungs through blood circulation.

Signs and Symptoms of PE:

- Difficulty breathing;
- Faster than normal heart beat;
- Chest pain or discomfort, which usually worsens with a deep breath or coughing;
- Coughing up blood; or
- Very low blood pressure, lightheadedness, or blacking out.

*If you develop symptoms of a Pulmonary Embolism, seek emergency medical attention immediately.

There is a risk of blood clots, DVT and PE with every surgical procedure.

It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding, as well as the signs/symptoms of potential warning signs. Please refer to the DVT/PE patient handout (located in your pre-op packet) for possible signs/symptoms of DVT/PE. It is also important to understand that you should be up walking around as soon as possible following surgery to decrease your risk of developing a DVT/PE. Additionally, it is imperative that you follow all post-operative instructions.

It is important to discuss with your surgeon any birth control pills, hormones, hormone blocking medications (such as Tamoxifen), or supplements you are currently taking as certain medications/supplements may increase your risk of venous thrombosis and associated complications. Certain high estrogen pills may increase your risk of thrombosed veins. For these reasons, you may need to stop taking certain medications/supplements for a period of time pre- and post-operative.

There are many conditions that may increase or affect risks of clotting. Inform Dr. Schwartz about any past or present history of any of the following:

Past History of Blood Clots (DVT/PE)

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

Family History of Blood Clots (DVT/PE)

Birth Control, Hormone Pills or Hormone Modulating Medications (such as Tamoxifen)

Swollen Legs

History of Cancer Large Dose Vitamins

Varicose Veins

Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

If I have any past or present history of any of the above risk factors for the development of DVT/PE

I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon.

The methods of preventative therapy include:

- Thigh high compression hose (placed in pre-op holding day of surgery) and to be worn for 1-week post-op, unless otherwise directed by Dr. Schwartz
- Compression devices (SCD) during surgery
- Early ambulation after surgery
- If indicated, post-operative Lovenox (enoxaparin) protocol as directed

I received the DVT/PE patient handout in my pre-op packet, and I understand how to recognize and alert Dr. Schwartz of any potential signs/symptoms I may notice post-operatively.

III. NICOTINE POLICY

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing and additional scarring. Individuals exposed to second-hand smoke or former smokers are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

If I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications. I also understand the risk of surgical complications due to smoking or use of nicotine products

If I am a current smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products, and I understand the potential risk of second-hand smoke exposure causing surgical complications.

Patient Consent Form

PMS ID: 2327 Sex: Female DOB: 01/19/1979 Phone: (206) 422-5594 MRN: 2327

I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed. I also understand the potential risk of second-hand smoke exposure causing surgical complications.

It is important and required to refrain from smoking and/or use of tobacco / nicotine products for a minimum of 8-weeks before surgery until a minimum of 8-weeks after surgery. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that, for my safety, the surgery may be delayed. Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. For your safety, and optimal aesthetic outcome, honestly disclose smoking to your surgeon.

I will refrain from use of any and all tobacco / nicotine products for a minimum of 8- weeks before surgery until a minimum of 8-weeks after surgery, and, to the best of my ability, I will avoid exposure to second-hand smoke during this designated time period.

If I am a former smoker and/or user of tobacco / nicotine products and stopped, I still acknowledge an increase risk of complications.

IV. Additional Advisories

Sleep Apnea:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and who may rely upon CPAP devices (constant positive airway pressure), or utilize nighttime oxygen, are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital or surgical aftercare setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

I am frequently tired upon waking and throughout the day

I have trouble staying asleep at night

I have been told that I snore or stop breathing during sleep

I wake up throughout the night or constantly turn from side to side I have been told that my legs or arms jerk while I'm sleeping

I make abrupt snorting noises during sleep

I feel tired or fall asleep during the day

I have been told previously by a medical professional that I have sleep apnea

It is important for you to inform and discuss any of the above symptoms that you have experienced with Dr. Schwartz and your anesthesiologist before undergoing surgery.

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin, medications that contain aspirin, as well as many herbal supplements interfere with, or increase your risk of, bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Aleve.

It is very important to inform Dr. Schwartz, before surgery of all medications, including over-the-counter and herbal supplements that you take to evaluate if they are safe to continue through surgery. For your safety, some medications, including, but not limited to, aspirin, NSAIDs, and hormones may need to be held for a minimum of 2-weeks before until 2-weeks after surgery unless directed by Dr Schwartz. Not disclosing all medications and/or supplements

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

you take may significantly increase your risk of complications during and after surgery. Some medications that may increase your risk of complications may not be able to be held due to medical conditions, as holding them may increase your risk of complications more so than continuing them. Such medications may include, but are not limited to, drugs that interfere with platelets, such as Plavix, which is used after a stent, which, if held, may result in a heart attack, stroke and even death. In such cases, it may be necessary that Dr. Schwartz, speak with your regular prescribing provider regarding specific medication risks.

Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

I acknowledge that I have disclosed all medications and/or supplements that I am currently taking. Furthermore, I understand the risks associated with not disclosing all medications/supplements that I am taking.

Exparel:

If you have chosen to add Exparel as part of your pain management regimen, Exparel (bupivacaine liposome) is a non-opioid postsurgical analgesic used in the management of postsurgical pain. Exparel provides prolonged postsurgical analgesia for up to 72 hours with a single-dose local administration at the surgical site. Side effects of Exparel include: dizziness, drowsiness, nausea, constipation, vomiting, itching, headache, back pain, or swelling in your hands or feet.

Tell your doctor if you have serious side effects of Exparel including: ringing in your ears; feeling restless or anxious; feeling like you might pass out; speech or vision problems, a metallic taste in your mouth; numbness or tingling around your mouth; tremors, twitching, mood changes; fast heart rate, feeling short of breath, feeling unusually hot or cold; numbness, weakness, or loss of movement where the injection was given; or if you still feel numb several hours after your surgery.

Sun Exposure - Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Body-Piercings:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. You will be asked to remove all jewelry before surgery. You will be able to store your belongings while in surgery; however, it is advised that you do not bring any valuables with you.

Future Pregnancy and Breast Feeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin or any skin may stretch and offset the results of

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

surgery. While uncommon, you may have more difficulty breast feeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, Tamoxifen, or if you suspect you may be pregnant. Many medications, including antibiotics, may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Surgery involves coagulating of blood vessels, therefore, increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and, possibly, the need for return to surgery to control bleeding. Unless you have been instructed otherwise by Dr. Schwartz, it is wise to refrain from intimate physical activities for 3-weeks post-op unless directed by Dr Schwartz .

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Long-Term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Additional / Revision Surgery Advisory (Re-Operations):

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Long-term subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, complications and risks including, but not limited to those outlined in this document can occur.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. Additional procedures will involve additional costs and expenses, including surgical fees (surgeon, facility and anesthesia fees), pathology and lab testing, if indicated, as well as costs of associated with pre-operative medical clearance evaluations, take-home medications, and surgical aftercare facilities, if required.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed; asymmetry may never resolve completely with surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger,

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
 2327 Female 01/19/1979 (206) 422-5594 2327

one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery, at additional cost, to improve your results.

Revision Policy:

Revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If revision surgery is either desired or advisable following the initial surgery, there will be a physician's fee. Additionally, there may be fees associated with the hospital, facility, anesthesia, pathology, lab, and any supplies such as implants, etc.

I understand and accept that additional / revisional procedures will involve additional costs and expenses, including surgical fees (surgeon, facility and anesthesia fees), pathology and lab testing, if indicated, as well as costs of associated with pre-operative medical clearance evaluations, take-home medications, and surgical aftercare facilities, if required. I understand and accept personal responsibility for all of these fees, and in addition, I understand and accept that I may have additional costs associated with time- off work and/or normal activities.

Patient Compliance:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted as directed by Dr. Schwartz. Protective dressings and drains should not be removed unless instructed by Dr. Schwartz. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is very important that you participate in follow up care, return for aftercare, and promote your recovery after surgery.

I understand the importance of being compliant with all pre- and post-operative instructions and appointments. I will be compliant with all pre- and post-operative instructions and appointments.

Acknowledgement of Receipt and Understanding of Pre/Post-operative Instructions:

By signing this consent, you acknowledge that you have received education regarding pre and post-operative instructions by a member of our staff and all of your questions and concerns have been answered to your satisfaction.

I understand the information contained within all provided pre- and post-op instructions information contained within these instructions.

I acknowledge that I have received a copy of these instructions.

Surgical Aftercare Facility Requirements:

Select surgeries may require for you to stay a minimum of one night at a surgical aftercare facility if one or more of the following conditions apply:

- Estimated duration of surgery 5-hours or longer
- You have high risk medical condition(s) that require overnight observation after surgery/anesthesia

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

- You do not have a friend, or family member, to stay with you overnight following surgery

This is for your safety and is non-negotiable.

I understand and accept the above requirements for post-operative stay at a surgical aftercare facility.

I understand and accept responsibility for costs associated with stay at surgical aftercare facility (if stay indicated).

I understand and that if stay at a surgical aftercare facility is not required for my surgery, I MUST have a competent adult or family member staying with me overnight following surgery.

Communication Acknowledgement:

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, social media, pager, answering service if available, e-mail, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules. Please confirm with our office staff all acceptable ways of communicating with you. Additionally, please ensure you complete the 'Disclosure Authorization Form' if you would like us to be able to communicate any portion of your care to family/friends/caregiver, as we will not do so without your written consent.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Dr Schwartz may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

FINANCIAL RESPONSIBILITIES AND AGREEMENT

Financial Responsibilities:

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical facility, anesthesia, and the cost of surgical supplies, such as implants. This does not include the cost of associated required preoperative medical clearance evaluations and testing, surgical aftercare facility fees, hotel stays, etc. that may be required as part of your surgical care. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or other involved charges with revision surgery will also be your responsibility. In signing this document, as well as future signing of consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
 2327 Female 01/19/1979 (206) 422-5594 2327

the financial costs of all future treatments.

I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees. Surgical Centers, Outpatient Centers and Hospitals often have rules that certain tissue /implants removed during surgery must be sent for evaluation that may result in additional fees. Please check with your surgeon for potential additional costs for which you will be responsible.

I understand that there will be a non-refundable fee for booking and scheduling your surgery which is a part of the overall surgical fee. Should you cancel your surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within 2-weeks of your scheduled surgery, this fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when you schedule.

I understand and unconditionally and irrevocably accept the financial responsibilities as outlined above.

Cosmetic Surgery Financial Agreement:

I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and, therefore, it would be fraudulent and unethical for Dr. Schwartz to submit a fee to any insurance company for coverage. I have been shown and understand the financial costs of having Dr. Schwartz provide surgical care for me and accept these terms. I further understand that Dr. Schwartz will not accept insurance for this (these) procedure(s). My consent to have Dr. Schwartz provide care and not accept assignment from any insurance company, managed care provider, or other coverage source is irrevocable and final. I understand I will be fully responsible for the surgical fees for the surgery I seek.

Health Insurance Advisory:

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber- information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery. It is unethical and fraudulent to bill insurance for cosmetic procedures. We cannot participate in such activities. CosmetAssure cosmetic insurance has been included in you quote. Please refer to their guide for more information.

Patient Consent For Use Of Credit Cards, Debit Card, And Financing - Disclosure Of Protected Health Information:

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment. Services that are performed and are paid with a credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow Dr. Schwartz to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment.

I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy. I agree that this non credit card challenge agreement is irrevocable.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
 2327 Female 01/19/1979 (206) 422-5594 2327

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

1. I hereby authorize Dr. Jaime Schwartz and such assistants as may be selected to perform procedures based on reading all information and having the time to have all questions answered.
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. 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.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number, and/or other personal demographic information to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. The surgery center maintains personnel and facilities to assist your physicians and surgeons in their performance of various surgical operations and other special diagnostic or therapeutic procedures. these operations and procedures may involve risks of unsuccessful results, complications, injury, or even death, from both unknown and unforeseen causes, and no warranty or guarantee is made as to result or cure.
13. You have the right to be informed of such risks as well as the nature of the operation or procedure. the expected benefits or effects of such operation or procedure, and the available alternative methods of treatment and their risks and benefits. you have the right to be informed whether your physician has any independent medical research or economic interest related to the performance of the proposed operation or procedure. except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. you have the right to consent to or to refuse any proposed operation or procedure at any time prior to its performance.
15. Upon your authorization and consent, this operation or procedure, together with any different or further procedures which in the opinion of the supervising physician or surgeon may be indicated due to an emergency, will be performed on you. The operations or procedures will be performed by the supervising physician or surgeon named above, or in the event that the physician is unable to perform or complete the procedure, a surgeon named above or together with associates and assistants, including anesthesiologists, pathologists, or radiologists affiliated with the tlc surgical center, llc. To whom the supervising physician or surgeon may assign designated responsibilities. The person in attendance for the purpose of performing specialized medical services, such as anesthesia, radiology, or pathology are not agents or employees.
16. If your physician determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consenting. the transfusion will be performed at a nearby accredited hospital. our physician will inform you of this and will provide you with a brochure regarding blood transfusions. by your signature below, you authorize the pathologist to use his or her discretion in disposition or use of any member, organ, or other tissue removed from your person during the operation or procedure set forth above. i authorize the review of my medical

Patient Consent Form

PMS ID: Sex: DOB: Phone: MRN:
2327 Female 01/19/1979 (206) 422-5594 2327

records by non-staff physician (peer review) in the interest of improvising care.

16. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
C. HERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I have read and understand the consent as well as the above listed items (1-16).

YOUR SIGNATURE ON THIS FORM INDICATES THAT (1) YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED IN THIS FORM, (2) THE OPERATION OR PROCEDURE SET FORTH ABOVE HAS BEEN ADEQUATELY EXPLAINED TO YOU BY YOUR PHYSICIAN, (3) YOU HAVE HAD A CHANCE TO ASK QUESTIONS, (4) YOU HAVE RECEIVED ALL OF THE ABOVE INFORMATION YOU DESIRE, CONCERNING THE OPERATION OR PROCEDURE, AND (5) YOU AUTHORIZE AND CONSENT TO THE PERFORMANCE OF THEIR OPERATION OR PROCEDURE.

Witness Signature	04/04/2023	Patient / Agent / Guardian Signature	04/04/2023
Provider Signature	04/04/2023		