INFORMED CONSENT FORM

Tip Rhinoplasty

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Tip rhinoplasty is an operation intended to change nasal-tip shape, projection, rotation or symmetry. An open or closed approach may be used. Cartilage grafts may be obtained from the septum, ear or another donor site when indicated. Your surgeon must separately describe the planned surgical extent, any septal or airway procedures, and graft sources.

Purpose and potential benefits

The aim is to improve nasal-tip appearance in proportion to the face. Healing depends on individual tissues; perfect symmetry, a particular photographic result and a guaranteed outcome are not possible.

Alternatives

Decline surgery and retain the present appearance; discuss the limited role of non-surgical options when relevant; assess whether comprehensive rhinoplasty or functional nasal surgery is more appropriate.

Procedure-specific risks

Possible complications include tip asymmetry, contour irregularity, firmness, collapse or overprojection; prolonged swelling; altered sensation of the tip or upper lip; visible scars; graft displacement, visibility, absorption or infection; pain/scarring at a donor site; nasal obstruction or altered airflow; septal perforation; and the need for revision surgery.

Postoperative care

Follow individual splint, taping and wound-care instructions. Avoid pressure or trauma to the nose; obtain personalized advice on glasses, exercise, flights, work, smoking and medications. Final refinement may take months.

Questions for your surgeon

Will a cartilage graft be needed, and from where? Could breathing change? What factors increase the chance of revision?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

Clinical photographs and medical records needed for care must be handled under applicable health-data confidentiality rules. Educational, social media, advertising or other public use is NOT authorized by this surgical consent and requires separate explicit permission.

INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

The purpose, technique, reasonable alternatives, consequences of declining surgery, significant risks, expected recovery and emergency warning signs were explained to me in a language I understand. I could ask questions and seek another opinion. I understand that outcomes are not guaranteed and additional care or revision may be needed. I know I can withdraw my consent before the procedure begins.

[ ] I consent to the procedure individualized and explained above.

[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Facelift and Neck Lift (Rhytidectomy)

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Facelift surgery repositions lax tissues of the lower face, jawline and sometimes the neck, and removes selected excess skin. Incisions are commonly planned around the ear and hairline. Deeper tissues, including the SMAS, may be adjusted, and a neck procedure may be included. Technique and scope are individualized.

Purpose and potential benefits

The intention is to improve facial and neck contours. Aging continues after surgery; skin quality and pre-existing asymmetry may persist, and no specific duration or appearance can be guaranteed.

Alternatives

No surgery; in selected patients, consider skin treatments, energy-based procedures or injectable treatments, understanding their more limited effects.

Procedure-specific risks

Risks include hematoma (particularly with high blood pressure or bleeding tendency), impaired skin circulation or skin loss and wound breakdown (with higher risk in smokers), infection, altered hairline or hair loss, ear-lobe distortion, prolonged swelling, firmness or numbness, temporary or permanent weakness of facial nerve branches, facial asymmetry, visible scars and revision procedures.

Postoperative care

Follow advice about head position, dressings, drains, compression, activity limits and follow-up visits. Seek urgent assessment for sudden one-sided swelling, rapidly increasing pain or bleeding.

Questions for your surgeon

Is a facelift, neck lift or both planned? What is my individual risk of nerve injury or skin circulation problems? Where will scars lie?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

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Photographs and privacy

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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ask questions and seek another opinion. I understand that outcomes are not guaranteed and additional care or revision may be needed. I know I can withdraw my consent before the procedure begins.

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Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Eyelid Surgery (Blepharoplasty)

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Blepharoplasty reshapes skin, fat and occasionally muscle in the upper and/or lower eyelids. Access may be through the upper lid crease, below the lashes, or inside the lower lid. Dry eye, ocular disease, eyelid position and visual symptoms require individual preoperative assessment.

Purpose and potential benefits

The goal is improved eyelid appearance and, when appropriate, reduction of upper-lid skin excess. Dark circles, fine lines and eyelid asymmetry may not be completely corrected.

Alternatives

No surgery; additional eye assessment when visual or ocular symptoms are present; non-surgical options for selected superficial concerns.

Procedure-specific risks

Possible risks include dry, irritated or watery eyes, blurred vision, light sensitivity, incomplete eyelid closure (lagophthalmos), downward displacement or outward turning of the lower lid (retraction/ectropion), asymmetry, scarring, uneven fat contour, temporary double vision, infection, bleeding and revision. Rare severe bleeding around the eye may threaten vision and needs emergency care.

Postoperative care

Use prescribed drops, ointment and cold compresses; avoid eye rubbing. Sudden loss of vision, severe eye pain, rapidly increasing swelling or significant changes in vision require immediate emergency assessment.

Questions for your surgeon

Are upper, lower or both lids planned? Does my dry eye change the surgical choice? Is an additional lid-support procedure needed?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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ask questions and seek another opinion. I understand that outcomes are not guaranteed and additional care or revision may be needed. I know I can withdraw my consent before the procedure begins.

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[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Brow Lift Surgery

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PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

A brow lift raises or reshapes brow position and addresses laxity of the forehead or temple region. Incisions may be placed in the scalp, along the hairline or near the brow. Endoscopic and open approaches are chosen according to anatomy and treatment goals.

Purpose and potential benefits

The aim is better brow position and upper-face contour. Perfect equality, complete removal of expression lines and a lifelong unchanged result are not expected.

Alternatives

No operation; temporary options such as botulinum toxin when suitable; separate assessment for upper blepharoplasty when excess eyelid skin is present.

Procedure-specific risks

Risks include excessive or insufficient brow elevation, asymmetry or an unexpected facial expression; hairline changes, hair loss around incisions or visible scarring; forehead/scalp numbness or itching; injury to nerves that move the forehead; persistent swelling, bleeding, infection and the need for further treatment.

Postoperative care

Follow incision care, dressing and hair-washing instructions. Swelling and sensory changes can take time to settle. Obtain approval before vigorous activity or pressure on the scalp.

Questions for your surgeon

Which technique is planned? Might my hairline change? What is the risk of altered forehead movement?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status

and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

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Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

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Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Ear Reshaping (Otoplasty)

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PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Otoplasty reshapes the ear cartilage or changes the angle of the outer ear relative to the head, using cartilage techniques and/or permanent sutures. Incisions are usually behind the ear. Cartilage may be folded, scored or removed according to the plan.

Purpose and potential benefits

The intention is improved ear position and proportions. Natural differences between ears may remain; exact bilateral equality cannot be guaranteed.

Alternatives

No surgery; ear moulding may help selected deformities in early infancy but does not have the same effect in adults.

Procedure-specific risks

Risks include unequal ear position or shape, overcorrection or undercorrection, recurrence, irregular cartilage contours, palpable or exposed sutures, hematoma, infection including perichondritis, impaired cartilage/skin circulation, skin loss, lasting tenderness, visible scars and revision procedures.

Postoperative care

Use protective dressings and a night headband as prescribed. Avoid folding the ears and contact sports; seek medical review for increasing one-sided pain, redness or swelling.

Questions for your surgeon

Will cartilage be cut or reshaped? Could the ears protrude again? What is the dressing and return-to-sport plan?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism),

anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

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Recovery and warning signs

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Alternatives and right to decline

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use