VASER PRO LIPOSCULPTURE, SMOOTH AND/OR LIPOSCULPTURE CONSENT FORM

First Name *

Last Name *

DOB *

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

Liposculpture - I fully understand the procedure

INITIAL

Realistic Expectations - results can vary

INITIAL

Possible outcomes - both short and long term

INITIAL

Lifestyle / Exercise / Diet - must be maintained

INITIAL

Fees from $2200.00 per area

INITIAL

Risks specific to the patient - inclusive of the possible impact of comorbities/patient history (can affect results)

INITIAL

Single or multiple procedures may be necessary as maximum removal is five (5) litres per procedure

INITIAL

Anaesthesia includes:
- Tumescent/local
- IV Sedation
- I understand the risks involved in the above

INITIAL

I understand the risks involved with incision sites and scarring

INITIAL

Antibiotics are commenced the day before the procedure

INITIAL

Oral analgesia will be provided post operatively.

INITIAL

Skin preparation Betadine (Iodine) - be aware of allergies

INITIAL

POST-OPERATIVE

Recovery times and specific care requirements

INITIAL

Compression garment to be worn:
- 3 weeks full time for 24 hours a day (i.e. day and night)
- Further 3 to 6 weeks continuously for 12 hours a day (i.e. day or night)
- In some cases, patients choose to wear their garment full-time (24 hours) for 6 weeks in total

INITIAL

Massage - only as instructed

INITIAL

Post-Operative exercises - as instructed

INITIAL

Regular follow-up appointments at day one, approximately 5-6 days and 1 month post operatively

INITIAL

Contact the clinic with any concerns at any time

INITIAL

Risks and Complications

Common:

Discolouration / bruising

INITIAL

Swelling / oedema

INITIAL

Minor irregularities

INITIAL

Restricted activity for two to three days (minimum)

INITIAL

Numbness for up to 12 months

INITIAL

Scarring

INITIAL

1 to 12 months for final result (50 - 90 % improvement)

INITIAL

Less Common:

Waviness / irregularities

INITIAL

Asymmetry (left ≠ right)

INITIAL

Increased time off work

INITIAL

Infection

INITIAL

Pigmentation

INITIAL

Tattooing

INITIAL

Skin mottling

INITIAL

Lumpiness (lumps felt but not seen are common)

INITIAL

Rare:

Shock / blood loss

INITIAL

Revision Procedure/s or further treatment in both the short and long term (extra expense to the patient)

INITIAL

Need for hospitalisation (extra expense to patient)

INITIAL

Fluid collection:
- Seroma
- Hematoma

INITIAL

Skin necrosis (damage)

INITIAL

Reaction to anaesthesia

INITIAL

Perforations or adjacent structure injury

INITIAL

DVT, fat embolus and death

INITIAL

Surgical revision for loose skin

INITIAL

Other unexpected complications

INITIAL

Pre- and post-operative photographs will be taken of the treatment site for record-keeping purposes. I understand that these photographs/videos will be the property of the Medical Director. Choose one: *

- ○ I DO
- ○ I DO NOT

agree to allow these photographs to be used for publication or teaching purposes. If I agree I understand that my identity will be kept confidential and protected. Clinical photographs will be stored in a dedicated iPad.

Having discussed the reasonable expectations of my procedure with me, and having had all my questions answered to my satisfaction, I authorise Dr Glenn Murray and assistants of his choice, to perform this procedure and any other procedure(s) that in their judgement may be necessary or advisable should unforeseen circumstances arise during surgery. 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.

I understand that photographs will be used solely for clinical purposes unless I have explicitly given my consent by signing a separate photograph release form. I am responsible for taking my own photographs for my records.

INITIAL *

Agreement to treatment. *

INITIAL

Your procedure will be performed at Suite 1/21 Stirling HWY, Nedlands, WA, 6009.

INITIAL

Choose procedure

- [ ] Vaser Pro Liposculpture
- [ ] Smooth
- [ ] Liposculpture

If Vaser Pro Liposculpture, please specify treatment areas.

If Smooth, please specify treatment areas.

If Liposculpture, please specify treatment areas.

Patient/Substitute Decision Maker Full Name *

Patient/Substitute Decision Maker Signature *

Date

Consent needs to be signed at least 7 days prior to surgery.

INITIAL

A copy of the signed consent has been provided to me.

INITIAL

Witness Full Name

Witness Signature

Date

I certify that I have discussed all of the above with the patient and have answered all the questions regarding the procedure, I believe the patient fully understands what I have explained and answered.

Doctor's Full Name

Doctor's Signature

Date

Dr. Glenn Murray

Registered Medical Practitioner (MED0001196978)

Medical Fellow of ACCSM - Australasian College of Cosmetic Surgery and Medicine.

Interpreter’s Declaration (if applicable)

Specific language services required

I declare that I have interpreted the dialogue between the patient/person(s) responsible and doctor/ healthcare provider to the best of my ability and have advised of any concerns about my interpreting of this dialogue.

Interpreter's Full Name

Interpreter's Signature

Date

Agency name