AUGMENTATION MAMMAPLASTY
IMPLANT SIZE ACKNOWLEDGEMENT

I, _____ (hereinafter "Patient") have requested a surgical procedure to alter the present contour and/or condition of my breast(s).

I have thoroughly discussed this surgical procedure with my Physician and have provided my Physician with all relevant information about my health, my desired cup size, my expectations, etc. I have chosen the size of the implants based upon this discussion. I am satisfied that my Physician has adequately discussed the post-surgical contour, size, and/or condition of my breasts and has answered all my questions. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of the procedure to be performed.

The implant size I have chosen is _____ cc's, which can be inflated to approximately _____ cc's.

If, for any reason, I elect to change the size of my implant after this surgery, I acknowledge that there will be additional costs and will be responsible for those costs.

I, _____, have read the foregoing and/or I have had any questions concerning the foregoing answered and explained to me. I fully understand the contents of this agreement.

I further understand that Physician is an independent Physician and is not an employee of Florida Center for Cosmetic Surgery. I also understand that **exact breast size can not be guaranteed.**

_____ _____

Patient's Signature *Date* *Physician's Signature* *Date*

_____ _____

Printed Name of Patient *Printed Name of Physician*