

Consent to Operation for Cosmetic or Other Purposes

1. I hereby request and authorize Steven M. Rotter, M.D. to perform a procedure upon me on or about the _____ of _____ 20_____, for the purpose of attempting to improve the appearance with respect to the following conditions:
2. The effect and nature of the operation to be performed, risks involved, as well as possible alternative methods of treatment, have been fully explained to me.
3. I also authorize Dr. Rotter to perform any other procedures that may deem necessary or desirable in attempting to improve the outcome, or for any unforeseen condition.
4. I agree to pay the sum of \$ _____ for _____ procedure and \$ _____ for the stated procedure _____ and \$ _____ for the stated procedure _____. The state pricing above is valid for one year from date of this consent.
5. **I ALSO UNDERSTAND THAT IF MORE THAN 1 TREATMENT IS NECESSARY, EACH ADDITIONAL TREATMENT WILL HAVE AN ADDITIONAL CHARGE.**
6. **I UNDERSTAND THAT THERE ARE NO FREE TREATMENT SESSIONS. I understand that this is a cosmetic procedure, and that there WILL BE NO SUBMISSION OF CLAIMS TO YOUR INSURANCE COMPANY.**
7. **Methods of payment accepted by the office are CASH, PERSONAL CHECK with ID, VISA and MASTERCARD.**
8. I know that the practice of medicine and surgery is not an exact science and that therefore reputable practitioners cannot properly guarantee results. I acknowledge that no guarantee has been made by anyone regarding the operation, which I have requested and authorized.
9. In the event that one of our health care professionals, workers or employees should be directly exposed to your blood or body fluids (needlestick/splash to mucous membranes), your blood will be drawn and tested for HIV, Hep B, Hep C and Syphilis.

Signed: _____ Date: _____
(Patient or person legally authorized to consent for patient)

Witness: _____ Date: _____