TLV MEDICAL
TLV מדיקל | הברזל 15 תל אביב
טל. 077-9807500 פקס. 03-5290231
www.tlvmedical.com

טופס הסכמה: ניתוח מתיחת פנים
CONSENT FORM: FACELIFT

This operation is cosmetic and is aimed at tightening the skin of the face and neck and removing excess fat from the facial region. The operation does not halt the process of skin aging.

The operation is performed following the administration of local anesthesia and sedative, or under general anesthesia.

Name of Patient: _____ _____ _____ _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:
Dr. _____ _____
Last Name First Name
regarding the facelift operation and the areas planned to undergo surgery. I have been given an explanation concerning the standard surgical approaches and the chosen surgical approach. Following examination, it has been agreed to perform: **face and neck lift / forehead lift / repair of eyelids / peeling around mouth*.**
Additional procedure – detail:
_____ (henceforth: "the primary operation").

I have been given an explanation concerning the expected results and the limitations of the ability to make modifications through surgery, and the possibility that the face will remain asymmetric.

I have been given an explanation concerning the side effects following the primary operation, including pain and discomfort, substantial swelling and over-tightening of the face, and disturbances in sensation which will subside after a certain period of time.

I have been told that in any case scars will remain in place of the surgical incisions. I have been told that the form of scarring depends on my skin type and its healing qualities, and that in some cases, keloid scars may develop.

In addition, I have been given an explanation concerning the possible risks and complications, including: hemorrhage, infection, gaping of the incision margins, necrosis of the tissue surrounding the incisions and lack of hair in the area of the scars. In addition, there may be neural damage, manifesting as paralysis, and even asymmetry, of the face and/or sensory damage.

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I hereby give my consent to perform the primary operation.

I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation or to perform additional or different procedures may arise, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose significance has been made clear to me. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including surgical procedures, which the institution's physicians deem essential or necessary during the primary operation.

I hereby also give my consent to the administration of local anesthesia, with or without intravenous injection of sedatives, after having been given an explanation concerning the risks and complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and the possible complications of sedatives, which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, particularly in patients with heart disease and respiratory disorders.

If the decision is made to perform the primary operation under general anesthesia, I will be given an explanation regarding the anesthesia by an anesthesiologist.

I know and agree that the operation and any other procedure will be performed by any designated person, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law, and that the person in charge of the operation will be **

_____.
Name of Physician

_____ _____ _____
Date Time Patient Signature

_____ _____
Name of Guardian (Relationship) Guardian Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I have given the patient / the patient's guardian* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

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_____	_____	_____
Name of Physician	Physician Signature	License No.

* Cross out irrelevant option, and circle planned option.

** Complete for private patients.

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