

8. I have been told that a medical grade implant may be used in the above-mentioned operation and have been advised of the possible risks as well as the alternate methods of treatment. I have been advised that this product and/or its specific use may/may not be approved by the FDA.

9. I have been advised that part of this surgery is, or may be, performed through external incisions in the skin which will leave permanent scars whose extent and location have been described to me. I have been advised that scars take upwards of one year to mature, and the changes that normally occur in their appearance during the healing period have been described to me. The location of the scars has been indicated to me.

10. I understand that if Dr. Robinson judges at any time that my surgery should be postponed or canceled for any reason, he may do so.

11. I agree to follow the instructions given to me by Dr. Robinson to the best of my ability before, during, and after the above-named surgical procedure(s), and that I will, as soon as possible, notify him of any questionable conditions that may arise.

Please answer the following question by circling YES or NO

- |    |   |     |    |
|----|---|-----|----|
| 1. | Have you read the above document?   | YES | NO |
| 2. | Do you understand the nature, expected benefits, and risks of the above-described surgical procedures as well as alternative treatment options? | YES | NO |
| 3. | Are you satisfied that all of your questions have been answered?  | YES | NO |
| 4. | Do you understand that there are no guarantees to the surgical outcome?   | YES | NO |

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Patient or parent giving consent

\_\_\_\_\_  
Relationship to patient if not patient

\_\_\_\_\_  
Witness (not a member of the family)