

PATIENT NAME _____ **DATE** _____

FINAL NOTES ON IMPLANT SELECTION / REVISION

I.

I understand the process of breast augmentation revision is not an exact science and that implant size does not guarantee cup size, as bra sizing is not standardized.

initials

II.

I have had adequate time and education on the technical details of breast augmentation revision to feel comfortable deciding on the surgical plan and implant recommended by The Doctor.

initials

III.

I understand that The Doctor will do her best to provide the best outcome possible in my circumstance. There are situations which may arise during surgery that may necessitate a change in operative plan, including but not limited to, not using an implant or changing the size of implant.

initials

IV.

I understand all of us have some degree of breast asymmetry. Even with adjustments made to size of implant and/or Mastopexy, it is not possible to make each breast match the other identically. Additional surgery can be done to improve this, according to office policies.

initials

V.

My height is ___ft. ___in. My weight is ___lbs. My pre-operative bra size is _____. Post-operative cup size range desired is _____.
Old Records Rec'd _____ Previous size _____
Implant size to be ordered is _____.

initials