



DR. PHILIP A. YOUNG, MD
AESTHETIC FACIAL PLASTIC SURGERY

Healing Body & Mind

Once you have the procedure you waited a long time for, it is time to be patient and wait, again, for your body to heal. Unfortunately, a surgeon's scalpel is not a magic wand and healing will occur at different rates for different people. You must allow yourself to heal and be aware it is natural to be impatient for the results and a little anxious because you often look worse before you look better. Being aware this can happen will help you understand these normal feelings.

Sharing your experience with friends and family can help give you a support system during your recovery, but realize they may unintentionally make you question your decision with concerns during your recovery. While you may think that you are looking pretty rough around the edges, we may tell you that you are healing beautifully. Trust us. We will share with you if there is a concern, so if we tell you that everything is healing normally, it is.

Your healing will depend on many things such as your general health, your willingness to follow instructions, and your mental attitude toward recovery. While I can perform the surgery, I cannot "heal" you. It is up to you to be an active participant in your recovery process to help your body heal the best that it can. Following all of our instruction is very important, as is working with us to address any complications that may arise. Even surgeries that are done exactly right, can have complications during recovery. It has to do with the human factor. We are not machines and every person can react differently and heal differently even when the surgery is done exactly the same. Every surgeon has unexpected results from time to time.

It is important you approach your surgery and especially your recovery with the mindset that we are a team, and you are an integral part of that team. We must trust each other to be working for a common goal, your successful result. As the surgeon, I enjoy my work and strive to achieve an ideal result during every surgery for every patient. I have rigorous standards that my staff must meet in order to be involved in your care. I am looking forward to working with you to achieve a great result and do not anticipate any post-operative problems. I will do everything I can to make sure that you are happy with your result.



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Your Anesthesia Experience

Anytime you undergo anesthesia, your general health condition must be considered. Depending on your age and the results of your history and physical, you may need pre-operative testing such as blood work, chest x-ray, or EKG. This is done to ensure that your current health does not put you at any additional unnecessary risk while under anesthesia.

There Are Four Levels Of Sedation That We Offer:

Local Sedation

A local anesthetic agent such as Novocaine, Xylocaine, or Marcaine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

Conscious Sedation with Registered Nurse and the physician

Versed or Fentanyl is administered through an intravenous line by our nurse. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.

Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

General Anesthesia with a Certified Registered Nurse Anesthetist or Anesthesiologist

This type of anesthesia offered is done through both an Intravenous line and an endotracheal tube (breathing tube down the windpipe). This level will take you to deepest level of sedation. You will not be aware of anything and will be in a deep sleep. We use the same medication as 3 and 4 options and also some anesthesia gases.



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We ask that you strictly avoid food and liquids 6 hours before your procedure. This is done for your protection to empty your stomach and prevent aspiration of food or fluid from the stomach into the lungs during anesthesia. Importantly, prior to this point we would like you to drink 64 ounces of fluid with solutes in it like Gatorade, Grape Juice, v8 etc. (Gatorade is probably the best). Your urine should be clear by the time you go to bed. If you are just having local anesthesia with your procedure and no sedation with the physician, you may be allowed to have something light before your procedure BUT YOU SHOULD ASK THE PHYSICIAN BEFORE DOING THIS.

Either prior to or on the day of surgery, your anesthesiologist or nurse will have questions for you regarding your health, height, weight and past anesthesia experiences. Complete and honest answers are required to assist your anesthesiologist or nurse in planning and administering the safest level of anesthetic possible. As you wake up from your anesthesia, your vitals will still be monitored closely for a half an hour. Often you will be given additional medications for discomfort and/or nausea. Once you are awake and aware, you may be released to a responsible adult to go home with you. Please follow the post-operative instructions closely regarding supervision requirements and activity restrictions. Drinking lots of fluids will help rid your body of the medications used for anesthesia more quickly.



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Pre-Procedure Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions.

Two Weeks Prior to Your Procedure and After Procedure

NO ASPIRIN or medicines that contain aspirin* since it interferes with normal blood clotting.

NO IBUPROFEN or medicines contain ibuprofen* as it interferes with blood clotting.

Please DISCONTINUE ALL HERBAL MEDICATIONS* as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.

Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.

NO “MEGADOSES” OF VITAMIN E (which is anything greater than 40IU), but a multiple vitamin that contains E is just fine.

NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing at least 2 weeks before and after your procedure.

You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.

Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.

DO NOT take or drink any alcohol or drugs for 2 weeks prior to your procedure and one week after your procedure as these can interfere with anesthesia and affect blood clotting.

DO NOT color your hair from this point on and for one month after your procedure.

If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before your procedure.

DO report any signs of cold, infection, boils, or pustules appearing before your procedure.

DO NOT take any cough or cold medications without permission.

DO arrange for a responsible adult to drive you to and from the facility on the day of your procedure, since you will not be allowed to leave on your own. We will have a caretaker form for your caretaker to sign.

DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.



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Day Before Your Procedure and Morning of Your Procedure

We may prescribe Clonidine to you that you should take the day before your procedure; ½ to 1 tablet in the morning and again at night; and that will continue for 48 hours after your procedure.

If you are having oral or conscious sedation you should have nothing to eat or drink (but you can have a little sip of water to take your usual medications) 6 hours before your procedure. Also, no gum, candy, mints or coffee the morning of your procedure. Do not sneak anything as this may endanger you. If you are just having your procedure under local anesthesia in our office you can eat something light up until your procedure.

If you are on regular medications, please clear these with Your physician. Otherwise, please make sure to bring all of the medications prescribed by Your physician with you on the day of the procedure and your own medications that you regularly take.

DO take a thorough shower with your germ-inhibiting soap the night before and the morning of your procedure. Shampoo your hair the morning of your procedure. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.

DO NOT apply any of the following to your skin, hair or face the morning of your procedure: make-up, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.

You may brush your teeth the morning of your procedure but do not drink anything unless you are having the procedure in our office under local anesthesia without oral or conscious sedation.

DO NOT wear contacts to your procedure. If you do wear glasses, bring your eyeglass case.

DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.

DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.

You must have an adult drive for you – to and from your procedure. Please note that a cab or bus driver will not be allowed to take you home after your procedure. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.

If you are not recovering at home, it is very important that we have the number where you will be after your procedure.



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Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks before and after your procedure and only acetaminophen products, such as Tylenol, should be taken for pain. Most importantly we would like you to avoid high dose vitamin E (anything greater than 40IU), aspirin, anti-inflammatories, herbal medications, supplements (fish oil, omega 3's). All other medications – prescriptions, over-the-counter and herbal medications or supplements– that you are currently taking must be specifically cleared by your Doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your Doctor and the nursing staff. **There are foods on this list. It is okay to eat these foods, we just want you to avoid consuming excessive amounts of these foods.**

Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	Asprimox products	Trisalicylate	Fiorgen PF
5-Aminosalicylic Acid	Axotal	Choline Salicylate	Fiorinal products
Acetilsalicylic Acid	Azdone	Cope	Flurbiprofen
Actron	Azulfidine products	Coricidin	Gelpirin
Adprin-B products	B-A-C	Cortisone	Genprin
Aleve	Backache Maximum	Medications	Gensan
Alka-Seltzer products	Strength Relief	Damason-P	Goody's Extra
Amigesic Argesic-SA	Bayer Products	Darvon Compound-	Strength Headache
Anacin products	BC Powder	65	Powders
Anexsia w/Codeine	Bismatrol products	Darvon/ASA	Halfprin products
Arthra-G	Buffered Aspirin	Diclofenac	IBU
Arthriten products	Bufferin products	Dipenturn	Indomethacin
Arthritis Foundation	Buffetts 11	Disalcid	products
products	Buffex	Doan's products	Isollyl Improved
Arthritis Pain	Butal/ASA/Caff	Dolobid	Kaodene
Formula	Butalbital Compound	Dristan	Lanorinal
Arthritis Strength BC	Cama Arthritis Pain	Duragesic	Ibuprohm
Powder	Reliever	Easprin	Lodine
Arthropan	Carisoprodol	Ecotrin products	Lortab ASA
ASA	Compound	Empirin products	Magan
Asacol	Cataflam	Equagesic	Magnaprin products
Ascriptin products	Cheracol	Etodolac	Magnesium Salicylate
Aspergum	Choline Magnesium	Excedrin products	Magsal



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Marnal	Norwich products	Compound products	Sulfasalazine
Marthritic	Olsalazine	Robaxisal	Supac
Mefenamic Acid	Orphengesic products	Rowasa	Suprax
Meprobamate	Orudis products	Roxeprin	Synalgos-DC
Mesalamine	Oxycodone	Saleto products	Talwin
Methocarbarnol	Pabalate products	Salflex	Triaminicin
Micrainin	P-A-C	Salicylate products	Tricosal
Mobidin	Pain Reliever Tabs	Salsalate	Trilisate
Mobigesic	Panasal	Salsitab	Tussanil DH
Momentum	Pentasa	Scot-Tussin Original	Tussirex products
Mono-Gesic	Pepto-Bismol	5-Action	Ursinus-Inlay
Motrin products	Percodan products	Sine-off	Vanquish
Naprelan	Phenaphen/Codeine	Sinutab	Wesprin
Naproxen	#3	Sodium Salicylate	Willow Bark products
Night-Time	Pink Bismuth	Sodol Compound	Zorprin
Effervescent Cold	Piroxicam	Soma Compound	
Norgesic products	Propoxyphene	St. Joseph Aspirin	

Ibuprofen Medications to Avoid: *Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	Ibuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Ibuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

Avoid ALL Diet Aids – Including Over-the-Counter & Herbal

Intensify anesthesia, serious cardiovascular effects.

Tricyclic Antidepressants to Avoid: *Intensify anesthesia, cardiovascular effects.*



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Adapin	Clomipramine	Limbitrol products	Sinequan
Amitriptyline	Desipramine	Ludiomil	Surmontil
Amoxapine	Doxepin	Maprotiline	
Anafranil	Elavil	Norpramin	Tofranil
Asendin	Endep	Nortriptyline	Triavil
Aventyl	Etrafon products	Pamelor	Trimipramine
	Imipramine	Pertofrane	Vivactil
	Janimine	Protriptyline	

Other Medication to Avoid: *Affect blood clotting.*

4-Way w/ Codeine	Dicumerol	Miradon	Sparine
A.C.A.	Dipyridamole	Opasal	Stelazine
A-A Compound	Doxycycline	Pan-PAC	Sulfinpyrazone
Accutrim	Emagrin	Pentoxyfylline	Tenuate
Actifed	Enoxaparin injection	Persantine	Tenuate Dospan
Anexsia	Flagyl	Phenylpropanolamin e	Thorazine
Anisindione	Fragmin injection	Prednisone	Ticlid
Anturane	Furadantin	Protarnine	Ticlopidine
Arthritis Bufferin	Garlic	Pyroxate	Trental
BC Tablets	Heparin	Ru-Tuss	Ursinus
Childrens Advil	Hydrocortisone	Salatin	Virbamycin
Clinoril C	Isollyl	Sinex	Vitamin E
Contac	Lovenox injection	Sofarin	Warfarin
Coumadin	Macrodantin	Soltice	
Dalteparin injection	Mellaril		

Salicylate Medications, Foods & Beverages to Avoid: *Affect blood clotting.*

(High concentration of foods to be avoided, you do not need to cut out these foods completely.)

Amigesic (salsalate)	Mobigesic	Trilisate (choline salicylate + magnesium salicylate)	Blackberries
Disalcid (salsalate)	Pabalate		Boysenberries
Doan's (magnesium salicylate)	Pepto-Bismol (bismuth subsalicylate)	Almonds	Cherries
Dolobid (diflunisal)	Salflex (salsalate)	Apples	Chinese Black Beans
Magsal	Salsalate	Apricots	Cucumbers
Pamprin (Maximum Pain Relief)	Salsitab (salsalate)		Currants
			Garlic
			Ginger



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Grapes
Pickles
Prunes

Raspberries
Strawberries

Tomatoes
Wine

Vitamins and Herbs to Avoid

Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.

Ackee fruit	Devil's club	Goldenseal	Muwort
Alfalfa	Dong Quai root	Gotu Kola	Nem seed oil
Aloe	Echinacea	Grape seed	Onions
Argimony	Ephedra	Guarana	Papaya
Barley	Eucalyptus	Guayusa	Periwinkle
Bilberry	Fenugreek seeds	Hawthorn	Selenium
Bitter melon	Feverfew	Horse Chestnut	St. John's Wort
Burdock root	Fo-ti	Juniper	Valerian/Valerian Root
Carrot oil	Garlic	Kava Kava	"The natural Viagra®"
Cayenne	Ginger	Lavender	Vitamin E
Chamomile	Gingko	Lemon verbena	Willow bark
Chromium	Gingko biloba	Licorice root	Yellow root
Coriander	Ginseng	Ma Huang	Yohimbe
Dandelion root	Gmena	Melatonin	

If you are taking anything not on this list, please call the office at 425-321-3450 to notify us and make sure that it is okay.



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Post-Operative Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for your specific procedure. Notify your physician of any unusual changes in your condition and feel free to call the office with any questions.

You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.

After your procedure you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to your procedure. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself. Hence, you should always record how much and at what time you take your medications after your procedure.

The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.

DRINK fluids to help rid the body of the drugs used in your procedure. If you have straws in the house you will tend to drink more fluids the first few days after your procedure.

Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice; otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.

Please avoid the use of alcoholic beverages for the first 2 weeks after your procedure (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).

Take only medications that have been prescribed by your physician for your postoperative care and take them according to the instructions on the bottle. Your pain medication may make you feel “spacey”; therefore, have someone else give you your medications according to the proper time intervals. You and your caretaker should record how many pills you have, how much and what you are given at each dosage, at what date and time the drugs were given each and every time medications are given to you.

If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and the office immediately if in doubt call 911, as this may be a sign of a drug allergy.



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You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.

Call 425-321-3450 if you have: SEVERE PAIN not responding to pain medication; swelling that is greater on one side than the other; incisions that are RED OR FEVERISH; a FEVER; or if any other questions or problems arise.

Keep any DRESSINGS ON, CLEAN AND DRY. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.

After your procedure it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move. If it persists you can call your Doctor anytime or our office.

Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.

Limit lifting, pulling or pushing for the first 2 weeks. The limit of lifting should be anything under 5 pounds.

Having your head of your bed elevated 45 degrees will help your swelling. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.

You are requested to remain within a reasonable traveling distance of the office for approximately 7-10 days.

Once cleared to shower you may do so every day. We usually allow this 72 hours after your procedure. Please do not use the bathtub for 2 weeks. For the first 2 weeks, you should avoid really hot showers. Lukewarm showers will prevent you from having bleeding, oozing and more swelling.

NO SMOKING for the first 2 weeks before and after your procedure. Any cheating will delay healing.

You may drive once you are off the pain pills and any sedating medications, and when you experience no pain with this activity (you need to be able to react quickly).

All surgeries involve some scarring, which can take up to a year to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 45 or higher) can help and will protect the surrounding tissues that might not feel sunburn developing while the



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nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.

DO NOT use a hot tub for 4 weeks.

AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, and swelling).

You may return to work when you feel able and are cleared to do so by your surgeon.

Do not color your hair for 1 month after your procedure.

Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.



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Buccal Fat Resection

Cleaning:

1. Chlorhexidine mouthwash- swish and split 15 mLs in the morning when you wake up, at night before bed, and after each meal. Start 2 days before your procedure, immediately before your procedure and continue for the next week

Wrap Care:

1. You should wear a wrap for the first two weeks nonstop (unless bathing) then only at night for 2 months
2. Wear wrap tight for two hours (not too tight- check skin for discoloration) and one hour loose. At night wear your wrap comfortably, with a moderate amount of compression

Food and Liquids

1. You should avoid hot (temperature) and spicy liquids and foods for the first 2 weeks. Drink plenty of fluids to make sure that your urine is not too dark. It should be light yellow to clear in color. Eating helps you to absorb your medication and also prevent nausea with your pain medication. However, early on after surgery too much food can cause nausea
2. If you are having any oral incisions, we highly recommend a **liquid diet for the first 2 weeks to allow your incisions to heal**. Protein drinks are ideal. Our goal is to have the least amount of particulate matter as possible. This particulate food matter can get into the incisions and serve as a source of infection
3. Before resuming a regular diet you should discuss this with your doctor

Medications

1. Follow instructions on prescribed medications
2. Never take Tylenol with Pain medicine at the same time. Never mix your prescription strength pain medicine with any sleeping aids
3. Pain Medicine can cause constipation- drink plenty of fluids, Metamucil and or Colace as needed
4. **Always eat food with pain medicine and antibiotics**
5. No blood thinners, drinking alcohol, aspirin, anti inflammatories, high dose vitamin E, herbal medications or smoking for two weeks after the procedure

Activity

1. No strenuous activity, straining, bending over, lifting greater than 5 pounds for 2 weeks after surgery. It's okay to take a light walk for about 15-20 minutes once or twice a day after the first three days and increase your activity slowly after two weeks. **Light walks** also sometimes help with resolving residual bruising and swelling
2. **You can bathe/shower after the first 72 hours**, as long as you don't use very warm water. The water should be lukewarm, just warm enough not to cause discomfort from being too cold
3. Your healing, swelling and recovery will be 60% at 6 weeks and 80% at 6 months. You should gauge your activity based on this. We generally advise starting regular activity slowly 2 weeks after your procedure
4. **Sleep with head elevated until swelling improves (2-3 pillows)**

Your Doctor may send you more information regarding the post procedure care period.

Please text Dr Young daily closeup pictures for 2 weeks, then every week for a month, and then every month for a year so that he can track your post-op healing. Please send without Vaseline nor betadine and after you've cleaned WITH FLASH

Patient

Date

Caregiver

Date



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PATIENT RIGHTS

The patient has the right to:

1. Treatment without regard to race, gender, age, national origin or cultural, economic, educational, or religious background, or the source of payment of his care.
2. Dignified, considerate and respectful care.
3. The knowledge of the name of the surgeon who has primary responsibility for coordination of his care and the names and professional relationships of other practitioners who will see him. All health care professionals practicing at the facility have had their credentials verified and have been approved to practice at the facility by the Governing Board.
4. Receives information from his surgeon about his illness, his course of treatment, and his prospects for recovery in terms that he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, including the name of the person who would carry out the treatment(s) or procedure(s).
6. Participate actively in decision regarding his medical care. To the extent it is permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know, in advance the time and location of appointment(s), as well as, the practitioner providing the care.



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11. Be advised if the surgeon proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his surgeon, or designee, of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of the source of payment.
14. Have all patients rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing without fear of retribution or denial of care and expect his grievance to be reported to the person in charge immediately, and that his grievance will be investigated regarding treatment or care that is furnished, or fails to be furnished. The patient has the right to contact AAAHC.org.
16. Have information provided prior to 24 hours before the date of the procedure concerning the policies on advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal Regulations. Document in a prominent part of the patient's current medical record whether or not the individual has executed an advance directive.
17. Be informed of their right to change primary or specialty physicians if other qualified physicians are available.
18. Provided appropriate information regarding malpractice insurance coverage.
19. Patient will be treated respectfully regarding privacy, security, grievance resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.
20. Be protected from abuse and neglect.
21. Be informed of unanticipated outcomes.
22. Aesthetic Facial Body Plastic Surgery is owned and operated by Dr. Young.



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INFORMED CONSENT FOR BUCCAL FAT REMOVAL (BUCCAL LIPECTOMY) INSTRUCTIONS

This document is designed to inform you of the nature of buccal fat removal surgery, expected benefits, potential risks, alternatives, and necessary postoperative care. Please read each section carefully and completely. Initial each page to indicate your review and understanding, and sign the final page to provide informed consent for the procedure as proposed by your surgeon.

GENERAL INFORMATION

Buccal fat removal (also known as buccal lipectomy) is an elective cosmetic surgical procedure intended to reduce fullness in the lower cheeks by removing a portion of the buccal fat pads. These fat pads are located deep within the face, between facial muscles that contribute to chewing, expression, and lower-cheek contour.

The procedure aims to create a slimmer, more sculpted facial shape and enhance mid-face definition. Individual anatomy varies, and the volume of buccal fat differs between patients. Age, facial shape, weight fluctuations, genetics, and muscle structure all affect outcomes.

It is important to understand that buccal fat removal changes the soft-tissue framework of the face permanently. As patients age, natural fat loss occurs. Removing buccal fat may accentuate mid-face hollowing later in life. Long-term results may vary and are influenced by age, lifestyle, weight changes, and genetics.

Please discuss your expectations fully with your surgeon prior to surgery to determine whether this procedure is appropriate for your aesthetic goals.

ALTERNATIVE TREATMENTS

Because buccal fat removal is elective, alternatives include:

- Choosing not to undergo surgery
- Facial contouring with dermal fillers
- Mid-face fat grafting
- Chin or jawline augmentation
- Weight loss (though buccal fat typically does not decrease significantly with dieting)
- Cheek implants
- Botox for masseter reduction (for those whose fullness is muscle-related rather than fat-related)



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Each alternative carries its own risks and limitations. You should discuss these fully with your surgeon before deciding.

RISKS OF BUCCAL FAT REMOVAL SURGERY

Every surgical procedure involves risks and potential complications. Your decision to proceed should be based on a careful comparison of potential benefits with these risks. While the majority of patients do not experience complications, it is important to understand the following:

Bleeding and Hematoma

Bleeding may occur during or after surgery. A hematoma (accumulation of blood) may require urgent drainage. Significant bleeding is uncommon but possible.

To minimize this risk:

- Avoid aspirin, NSAIDs, and blood-thinning medications for at least 10 days prior.
- Discontinue herbal supplements such as vitamin E, ginkgo, garlic, ginseng, St. John's wort, or fish oil unless otherwise instructed.

Rarely, blood transfusions may be required, and there is a risk of transfusion-related infection.

Infection

Infection is rare in oral procedures but may occur. Treatment may require antibiotics, drainage, or additional procedures. Severe infections may affect deeper tissues, salivary glands, ducts, or facial nerve branches.

Changes in Sensation

Temporary or permanent numbness, tingling, or altered sensation in the cheeks, lips, gums, or facial skin may occur due to disruption or irritation of sensory nerves.

Full recovery may not occur in all patients.



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Facial Nerve Injury

The buccal fat pad lies near branches of the facial nerve responsible for controlling lip elevation, smiling, and cheek movement.

Injury may cause:

- Temporary facial weakness
- Drooping of the lip or corner of the mouth
- Changes in smile symmetry
- Difficulty puckering or blowing

While most nerve irritation resolves, permanent injury—although rare—can occur.

Asymmetry

All faces naturally have asymmetry. Surgery may increase or reveal asymmetry in cheek contour or facial expression. Perfect symmetry cannot be guaranteed. Revision surgery may be required to address significant asymmetry.

Contour Irregularities

Irregularities such as dimpling, unevenness, depressions, hollows, or visible transitions in the cheek contour can occur. Scar tissue or uneven fat removal may contribute to these outcomes.

Excessive Hollowing / Over-Resection

Removing too much buccal fat or natural aging over time may create a gaunt or sunken appearance. Correction may require fat grafting or fillers in the future.

Damage to Adjacent Structures

The buccal fat pad lies close to:

- Parotid gland and Stensen's duct
- Facial arteries and veins
- Buccinator muscle
- Masseter muscle
- Mucosal lining of the mouth



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Injury to these structures may cause salivary duct damage, prolonged swelling, salivary leakage, difficulty chewing, or long-term contour changes.

Oral Complications

Because the incisions are made inside the mouth, the following risks may occur:

- Wound opening or delayed healing
 - Bite irritation of the incision
 - Infection due to oral bacteria
 - Food trapping or oral hygiene challenges
 - Fistula formation (rare)
 - Excessive scarring inside the cheek
-

Suture Reactions

Sutures may dissolve prematurely or irritate the tissue. In rare cases, sutures may become visible, exposed, or require removal.

Skin Discoloration and Swelling

Bruising and swelling are expected and may be prolonged. Some patients experience persistent puffiness or prolonged firmness within the cheek tissues. Rarely, discoloration or swelling may be long-lasting or permanent.

Pain

Pain and discomfort are common after surgery. Chronic pain, nerve-related pain, or long-term sensitivity changes are rare but possible.

Delayed Healing / Tissue Breakdown

Poor healing or tissue breakdown may occur, particularly in patients who smoke, use nicotine products, or have underlying medical conditions affecting microcirculation.



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Allergic Reactions

Allergic reactions may occur to local anesthetics, sutures, antibiotics, topical preparations, medications, or adhesive materials. Serious reactions, including anaphylaxis, are rare but possible.

Anesthesia Risks

Whether local anesthesia, sedation, or general anesthesia is used, all forms of anesthesia involve risk. Complications may include respiratory difficulties, allergic reactions, cardiovascular events, and in rare cases, serious injury or death.

Systemic Complications

Although rare, complications such as deep vein thrombosis, pulmonary embolism, fat embolism, and cardiac events can occur with any surgery.

ADDITIONAL ADVISORIES

Unsatisfactory Results

Despite the best efforts and surgical planning, you may be dissatisfied with the results. Possible concerns include:

- Insufficient or excessive reduction
- Asymmetry
- Irregular contours
- Limited improvement
- Visible changes in facial expression dynamics
- Need for further surgery or fillers

No warranty or guarantee is expressed or implied.

Long-Term Results

Aging, weight changes, sun exposure, hormonal changes, and facial fat redistribution will affect your long-term appearance. Buccal fat removal may accentuate age-related volume loss.



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Female Patient Information

If you use birth control pills, hormone therapy, or suspect pregnancy, inform your surgeon. Some medications reduce the effectiveness of oral contraceptives.

Smoking, Secondhand Smoke, and Nicotine

Nicotine significantly increases risks of:

- Tissue loss
- Infection
- Poor wound healing
- Excessive scarring
- Delayed resolution of swelling

Avoid nicotine for at least 6 weeks before and after surgery.

Mental Health Considerations

Cosmetic surgery requires realistic expectations. Patients with significant mental health history, body dysmorphia, or unrealistic expectations may experience dissatisfaction. Discuss any mental health concerns openly with your surgeon.

Medications and Herbal Supplements

Disclose all medications, supplements, and over-the-counter drugs. Some substances interact with anesthesia or affect healing.

Pain medications may impair judgment. Do not drive, operate machinery, or make critical decisions while taking them.

ADDITIONAL SURGERY

Further procedures may be required to correct complications or improve the final result. Revision surgeries incur additional costs, including surgeon's fees, anesthesia, and facility charges.



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PATIENT COMPLIANCE

Postoperative care is critical to successful healing. You must follow all instructions, including:

- Maintaining oral hygiene
- Avoiding certain foods
- Limiting physical activity
- Not manipulating or pressing on the surgical area
- Attending all follow-up appointments

Failure to comply may lead to complications or suboptimal results.

HEALTH INSURANCE

Buccal fat removal is a cosmetic procedure. Insurance does not cover cosmetic surgery or related complications. Review your policy carefully.

FINANCIAL RESPONSIBILITY

Surgical fees include surgeon's fees and related costs. Facility fees, anesthesia, medications, and any future procedures required to optimize or revise results are the patient's responsibility.

By signing this consent, you acknowledge understanding of all financial obligations.

DISCLAIMER

This informed consent document provides general information and risk disclosure. It may not include every possible risk or complication, as individual circumstances vary.

This document does not define the standard of care. Your surgeon may provide additional information based on your specific clinical situation.

You must read this document carefully and have all questions answered before signing the next page.

CONSENT FOR SURGERY / PROCEDURE

1. I authorize **Dr. Young** and his selected assistants to perform **Buccal Fat Removal (Buccal Lipectomy)**.



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2. I understand that unforeseen conditions may require additional or different procedures and authorize the surgeon to act accordingly.
3. I consent to the administration of anesthesia as deemed necessary.
4. I understand no guarantee or warranty has been made regarding the outcome.
5. I consent to observers for educational purposes.
6. I consent to the disposal of removed tissues.
7. I consent to the use of necessary blood products if required.
8. I authorize release of my Social Security number for required reporting.
9. I understand the fees involved and that additional procedures incur additional charges.
10. I understand that not having the procedure is an option.
11. I acknowledge that:
 - a. The procedure has been explained to me
 - b. Alternatives have been discussed
 - c. Risks have been fully explained

I consent to the procedure based on this information.

Patient

Date

Witness.

Date



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CONSCIOUS SEDATION | GENERAL ANESTHESIA CONSENT FORM

INSTRUCTIONS

This is an informed consent document which has been prepared to help inform you about the anesthesia options available to you for your surgical procedure, their risks, as well as alternative treatment(s).

GENERAL INFORMATION

Washington State Law guarantees that you have both the right and the obligation to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team you must enter into the decision-making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

TYPES OF ANESTHESIA OFFERED:

1. Local Sedation

A local anesthetic agent such as Novocaine, Lidocaine | Xylocaine, or Marcaine all with or without epinephrine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

2. Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

3. Conscious Sedation with Registered Nurse and your Physician

Versed or Fentanyl is administered through an intravenous line by our nurse. Other agents that are deemed necessary (with the patient's safety and comfort as the utmost priority), may be used including, but not limited to, ketamine, propofol, robinul, lebatolol, flumazenil, naloxone, ondansetron, valium, dexamethasone, etc. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.



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4. Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

5. General Anesthesia with a Certified Registered Nurse Anesthetist or Anesthesiologist

This type of anesthesia offered is done through both an Intravenous line and an endotracheal tube (breathing tube down the windpipe). This level will take you to deepest level of sedation. You will not be aware of anything and will be in a deep sleep. We use the same medication as 3 and 4 options and also some anesthesia gases.

RISKS OF ANESTHESIA

I have been informed how each type of anesthesia is performed. I understand that all sedation and anesthesia medications involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver, and kidney, and that in some cases use of these medications may result in paralysis, cardiac arrest, and/or brain death from both known and unknown causes. I have been informed of possible alternative forms of treatment, including non-treatment.

I understand that, during the course of anesthesia, operation, post-operative care, medical treatment, or other procedures, unforeseen conditions may necessitate additional or different procedures than set forth above. I therefore authorize my above-named physician, and his/her assistants or designees, to perform such procedures that are considered necessary and desirable, in their professional judgment. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.

I consent to the administration of sedation or anesthesia by my attending physician, by an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary.

I hereby authorize my physician / Aesthetic Facial Body Plastic Surgery and/or such associates or assistants as may be selected by said physician to administer anesthesia.

I certify that my physician has informed me of the nature and character of the proposed treatment, of the anticipated results of the proposed treatment, of the possible alternative forms of treatment, and of any recognized serious possible risks and complications of the



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proposed treatment and of alternative forms of treatment, including non-treatment.

I CERTIFY THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, I HAVE HAD ALL ASPECTS OF THIS MEDICAL TREATMENT EXPLAINED TO MY SATISFACTION, AND I CONSENT TO THE USE OF CONSCIOUS SEDATION.

Patient

Date

Witness.

Date



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CARETAKER CONSENT FORM

Your post-operative care is critical. Once you leave our office, your care will no longer be in our control and, therefore, you must have someone watching you carefully who can provide you the right doses of medicines. That is why our doctors recommend that you have 24 hour nursing care from a qualified nursing center. If instead you choose to have a family member or friend watch over you, then you must ensure that the person you select is qualified to take care of you during this critical state. Failure to have proper post-operative care may result in slowing your recovery, permanent damage and even death. Do not take the appointment of your caretaker lightly.

We reserve the right to send you to an aftercare facility if we deem that your caretaker is not of sufficient status to care for you in the first 24 hours.

FOR PATIENT TO SIGN

I _____ (full name) appoint _____ (full name) as my post-operative caretaker for my surgery on _____ (date). I understand that the doctors recommend that I have qualified 24 hour nursing care, but I choose this person as my caretaker and accept the risk of my decision. I also understand that my private medical information will be disclosed to my caretaker as needed to help with my recovery. I also understand that any failure on the part of my caretaker does not create a liability to AFPS, which is not responsible for my choice in caretaker and his/her abilities. I remain solely responsible for my decision.

Patient Signature: _____

Date: _____

FOR CARETAKER TO SIGN

I _____ (full name) agree to care for _____ during the post-operative period of 24 hours or more as necessary after surgery on _____ (date). I do not take this obligation lightly and understand that I could be liable for failure to care for the patient properly. I will keep patient's medical information confidential and will not disclose said information to anyone except those people involved in patient's care. I agree to monitor the patient's vital signs by doing the following and keeping a record of my care:

Staying in the same room as the patient;



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Making sure breathing is strong;

Asking questions to make sure patient is able to respond;

Making sure that the patient uses the restroom regularly;

Giving liquids and food as directed;

Giving the proper doses of medicine and recording patient's response.

All of these measures should be done on a regular basis over the course of the night. The intervals can be as frequent as every 5-15 minutes depending on the condition of the patient that you are caring for. If I have any question at all, I will call the doctor at 425-321-3450 or other numbers that are supplied to me. If there is any problem, I will immediately call 911 and the doctor at 425-321-3450 or other numbers that are supplied to me..

I also understand that signing this form does not create a relationship between myself and AFPS; instead, my sole relationship is with the patient, who has chosen me to be the caretaker. Any failure on my part does not make AFPS liable in any way.

My phone numbers are: _____

Caretaker signature: _____ Date: _____



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PAIN MANAGEMENT AGREEMENT

I understand that I have a right to comprehensive pain management along with the surgery that I will undergo. I wish to enter into a treatment agreement to prevent possible chemical dependency. I understand that failure to follow any of these agreed statements might result in Aesthetic Facial Body Plastic Surgery, PLLC (“AFPS”) and their physicians to not provide ongoing care for me.

I agree to undergo pain management by Aesthetic Facial Body Plastic Surgery, PLLC. Pain Management provided by AFPS is for the purpose of post-operative plastic surgery. I agree to the following statements:

I will not accept any narcotic prescriptions from another doctor unless approved by all physicians.

I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications will cause severe withdrawal syndrome.

I will only take the medication as directed by AFPS.

I understand that I must keep my medications in a safe place.

I understand that AFPS will not supply additional refills for the prescriptions of medications that I may lose.

If my medications are stolen, AFPS will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office.

I will not give my prescriptions to anyone else.

I will only use one pharmacy.

I will keep my scheduled appointments with AFPS unless I give notice of cancellation 24 hours in advance.

I understand that pain medications can affect my breathing and could lead to life threatening situations if I am not careful. I understand that I should not take too much medication that I am too tired or drowsy that will lead me to stop breathing and result in death. I understand that I have a maximum amount that I can take in a 24 hour period but that some people respond differently and this maximum may be less than what is stated and that I need to see how the medication is affecting me.



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I understand that if there is any question or concern regarding taking pain medications or taking too much pain medication then I will contact your Doctor immediately or call 911.

I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by AFPS.

My treatment plan may change based on outcome of treatment, especially if pain medications are ineffective. Such medications will be discontinued.

I understand that AFPS believes in the following "Pain Patients' Bill of Rights." You have the right to:

Have your pain prevented or controlled adequately.

Have your pain and medication history taken.

Have your pain questions answered.

Know what medication, treatment or anesthesia will be given.

Know the risks, benefits and side effects of treatment.

Know what alternative pain treatments may be available.

Ask for changes in treatments if your pain persists.

Receive compassionate and sympathetic care.

Receive pain medication on a timely basis.

Refuse treatment without prejudice from your physician.

Include your family in decision-making.

Termination Clauses

The doctor may terminate this agreement at any time if he/she has cause to believe that I am not complying with the terms of this agreement, or to believe that I have made a misrepresentation or false statement concerning my pain or my compliance with the terms of this agreement. Proof or verification of such beliefs is not required for termination and discontinuation of care.

I understand that I may terminate this agreement at any time.



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If the agreement is terminated, I will not be a patient of AFPS or your particular physician and would strongly consider treatment for chemical dependency if clinically indicated.

Patient/Guardian Signature:

Date

Print Patient/Guardian Name:

Date

Physician Signature: _____

Print Physician Name: _____



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GENERAL, HIPAA, PHOTO | VIDEO INFORMED CONSENT FORM, AND RELEASE AGREEMENT

Aesthetic Facial Body Plastic Surgery, PLLC's ("AFPS"), by and through Dr. Phillip Young, agree to

provide treatment to: _____ ("Patient" or "you") [insert Patient's name]

pursuant to terms and conditions set forth under this General Informed Consent Form and Release Agreement (the "Agreement") and such other consent or release AFPS may require from time to time.

Patient has received materials, literature and documents regarding AFPS's policies and guidelines for pre- and post-procedure activities and prohibitions, as well as medications to avoid and release of rights, including but not limited to the following:

1. Healing Body and Mind;
2. Your Anesthesia Experience;
3. Pre-Procedure Instructions;
4. Medications to Avoid;
5. Post-Procedure Instructions;
6. Post-Operative Instructions for Your Specific Procedure that you are receiving;
7. Patient Rights;
8. Anesthesia Consent Form;
9. Caretaker Consent Form;
10. Pain Management Consent Form; and
11. Photographic / Videographic Documentation Consent Form

By executing this Agreement, Patient certifies that he/she has: (i) read; (2) understood; and (3) had an opportunity to ask questions regarding each section of this Agreement and all materials, literature and documents provided by AFPS. Patient understands that for each specific procedure, he/she will be required to sign additional consent forms addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures Patient will undergo while under the care of AFPS. If the person signing as the "Patient" under this Agreement is doing so on behalf of a minor, then such person certifies that he or she is the parent, guardian, or conservator



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of the minor and that such person is authorized to sign this consent form on the minor's behalf.

SECTION 1

INTRODUCTION TO AESTHETIC FACIAL BODY PLASTIC SURGERY, PLLC

Aesthetic Facial Body Plastic Surgery, PLLC is a Professional Service Corporation which performs various plastic surgery procedures to enhance facial aesthetics of its patients. These procedures can help to reduce the visible signs of aging, but cannot stop the process of aging. Since each individual's body is different, the risks and results of any medical procedure may vary from person to person. These procedures are generally performed under local, oral or conscious sedation and some individuals may need extra healing time and may not be able to return to work or normal activities for a prolonged period of time.

SECTION 2

ALTERNATIVES TO TREATMENT

There are surgical and nonsurgical methods for improving facial aesthetics and AFPS will provide you with options and alternatives that may be suitable for your objectives, which you should carefully review with your treating physician before deciding on one or more treatment procedures.

SECTION 3

RISKS OF PROCEDURES

Every medical and surgical procedure involves a certain amount of risk and it is important that you understand these risks. An individual's choice to undergo a medical or surgical procedure is based on, among other things, the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each of them with your physician to make sure you understand the potential risks, complications, and consequences of the associated procedures. Whenever the skin is cut or punctured, it heals with a scar. Some procedures will result in a permanent scar.

Normal symptoms that occur during the recovery periods: swelling and bruising, discomfort and some pain, crusting along the incision lines, numbness of operated upon skin lasting 3 months or possibly longer or permanent, itching, redness of scars. With each individual procedure, the specific consent to perform the procedure will outline in more detail some of the symptoms, side effects and risks associated with such a procedure.

SECTION 4

POST-PROCEDURE CARE



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Post-Procedure care is an important part of your plastic surgery experience. It is your obligation to make sure that you keep all your post-procedure appointments as directed and make sure that you promptly contact your physician and seek emergency care in case of a medical emergency. You must have a caretaker for the first 24 hours. **You should also record how you are taking your medications. You should record the date and time of each prescription drug you are taking, how much and what medications are given, and the total amounts of the drugs that are left each and every time.** Medications (especially pain medications) can be dangerous and you need to strictly follow the instructions on the prescription attached to the bottle.

SECTION 5

FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

As you have been, or will be, advised, no plastic surgeon can guarantee a specific result. From time to time, some patients may require additional surgery to deal with revisions or complications. In cosmetic procedures, there are certain problems that are unavoidable regardless of quality of the care provided and diligence exercised by the doctor and his/her team.

Examples of problems that a patient may encounter include bleeding and/or an unfavorable scar after a surgical procedure. In both of these cases, the patient may require additional surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring).

We hope that no complication arises and no revisionary surgery becomes necessary in your case. However, no plastic surgeon can make such a guarantee to any of his or her patients. It is important for the patient undergoing an elective surgical procedure to understand that surgical revisions and complications may result in additional costs. Revisions within six (6) months from the original procedure date will not incur additional physician fee; but facility, anesthesia and other fees and costs shall be the sole responsibility of the patient. Notwithstanding the foregoing, any revisions after six (6) months of the original procedure date will incur all standard fees and costs.

If you have any questions regarding this policy, our office staff would be happy to discuss it with you.

SECTION 6

DEPOSIT | FEE | CANCELLATION POLICY

Procedures:

Procedure quotes are valid for 3 months. To ensure you receive the procedure pricing, your procedure must be scheduled within 3 months and completed within 12 months of receipt of the original quote. Based on years of experience and to ensure an efficient schedule for the health of our office, a non-refundable deposit of 10% of the total cost of the procedure is required to reserve your procedure date. **If you decide to reschedule or cancel your**



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procedure you will be charged this deposit and it will be non-refundable and not applicable for future procedures. To reschedule to a different date you will be required to place another non-refundable deposit of 10% of the total cost of the procedure.

The total cost of your procedure will be collected in full at the time of your Pre-Operative appointment 3 weeks before your procedure date. If you cancel or reschedule your procedure within the 3 week time frame you will be charged 50% of the total cost of your procedure. After your procedure, there are no refunds given. If you have any questions regarding our financial or refund policy, feel free to contact our Patient Care Coordinator or Office Manager. You may make a payment by contacting our office at 425-321-3450 or through our [Plastic Surgery Financing and Online Payment page](#).

Appointments | in-office procedures:

A deposit of \$250 / \$500 (respectively) will be collected at the time of scheduling a Botox or Filler appointment with Dr. Young. If you decide to reschedule or cancel your procedure you will be charged this deposit and it will be non-refundable and not applicable for future procedures. To reschedule to a different date you will be required to place another non-refundable deposit. For Botox, Dr Young has a 40 unit minimum and a 2 syringe minimum for Fillers.

The remaining cost of your treatment will be collected in full at the time of your appointment. After your treatment appointment, there are no refunds given. If you have any questions regarding our financial or refund policy, feel free to contact our Patient Care Coordinator or Office Manager. You may make a payment by contacting our office at 425-321-3450 or through our [Financing and Online Payment page](#). The deposit and other fees can be paid on our Financing and Online Payment page or by contacting our office at 425-321-3450.

SECTION 7

DISCLAIMERS, RELEASES AND COVENANTS

Computer imaging may be used during your consultation. Although we strive to achieve the very best results every time, these images are used to help guide us during your procedure and are not a guarantee of results.

You understand that AFPS will request or require you to sign the following consent forms:

- Patient HIPAA Consent Form;
- General Instruction Form;
- Photographic/Videographic Documentation Consent Form;
- Pain Management Agreement;
- Caretaker Consent; and



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- Consent forms for each individual procedure you will undergo while under the care of AFPS.

Informed consent documents are used to communicate information about the proposed medical or surgical treatment along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as science, knowledge, and technology advance and as practice patterns evolve.

For purposes of advancing medical education, you consent to the admittance of observers to the operating room.

You consent to the disposal of any tissue, medical device or body parts which may be removed.

You understand that the success of the procedure is to a great extent dependent upon your closely following Pre-Op and Post-Op instructions your doctor has provided to you. Post-Op care, activities and precautions have been explained to you and you understand them fully.

You also consent to the administration of such anesthetics as may be considered necessary and advisable by the attending physicians and/or anesthesiologist. You are aware that risks are involved with anesthesia, such as allergic or toxic reactions and even cardiac or respiratory arrest.

Your physician, and/or your physician's designees, reserve the right to discuss your case with any third parties if, in your physician's considered opinion, it becomes necessary to do so. Your signature below will indicate your consent to this reservation.

You have had sufficient opportunity to discuss your treatment with your physician and/or your physician's associates, and all your questions have been answered to your satisfaction. You believe that you have adequate knowledge upon which to give an informed consent to the proposed treatment.

SECTION 8

MOTOR VEHICLE AND PROCEDURE DATE POLICY

You are advised not to operate a motorized vehicle or power equipment on the day of



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surgery. The drugs administered during the procedure may impair driving ability and you

should not drive when you are on any sedating medications such as sleeping pills, antihistamines, muscle relaxants, anti-anxiety medications, clonidine, and pain medications. AFPS recommends that you have someone drive you to and from our

facility the day of your procedure, if you are taking pain or sedation medications.

You hereby release and hold AFPS and Dr. Phillip Young harmless from any and all actions, loss or injury sustained by you or any third party as a consequence of your operation of any motorized vehicle or equipment while under the influence of sedating medications prescribed to you.

SECTION 9

SMOKING

NO SMOKING FOR AT LEAST TWO (2) WEEKS BEFORE AND AFTER YOUR PROCEDURE!!! You have been informed by AFPS that you are not to smoke for at least two (2) weeks before and after your scheduled procedure at AFPS. If you are unable to maintain this nonsmoking policy before the procedure, then you must notify AFPS immediately to reschedule your procedure date. If you are unable to maintain the nonsmoking policy after your procedure, then you must notify AFPS and your doctor immediately to assess your health risk and seek appropriate medical attention as necessary. You understand that this policy is in place for your health and safety and you shall not hold AFPS and Dr. Phillip Young responsible for any negative result which may have been directly or indirectly caused by smoking.

You hereby attest that you have read and understood the above information carefully and have had all your questions answered before signing the consent form.

SECTION 10

ADVANCED MEDICAL DIRECTIVE

You acknowledge that you have been informed that your Advanced Medical Directive will be suspended while you are being treated at AFPS. You have given a copy of your Advanced Medical Directive document to the staff at AFPS; in the event that it is necessary that you be transferred to a hospital for acute care, every effort will be made to assure that a copy of this document will accompany you. You understand that it is not the responsibility of AFPS to advise each care provider (emergency responders, emergency room, acute care facility, etc.) of your Advanced Medical Directive and that you should keep a copy of your Advanced Medical Directive with you and your designated health care proxy should also maintain a copy of the form.



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If no copy of the Advanced Medical Directive is supplied for your medical record, you release AFPS from any obligation or responsibility related to your status in this regard.

SECTION 11

CONSENT TO DRAW LABS FOR EXPOSURES

By signing this consent I also allow Aesthetic Facial Body Plastic Surgery and its Staff to carry out necessary blood work in the event of an accidental needle stick. The purpose of this is to allow Aesthetic Facial Body Plastic Surgery and its Staff to test your blood to see if you are a carrier of certain types of diseases including, but not limited to, Human Immunodeficiency Virus, Hepatitis, Syphilis, etc.

SECTION 12

Patient HIPPA Consent Form

Your health and health care information is both personal and private. Aesthetic Facial Body Plastic Surgery, P.S. is dedicated to protecting your health care information. This HIPPA Consent Form provides information about how Aesthetic Facial Body Plastic Surgery, P.S. may use and disclose your Protected Health Information (PHI).

As part of your medical treatment, Aesthetic Facial Body Plastic Surgery, P.S. originates and maintains

paper and/or electronic records which contain PHI such as: demographic information; personal and family histories; symptoms; examination and test results; diagnoses; past, present and future plans for care and treatment; and information received from other health care providers, your employer and any health care plan. Aesthetic Facial Body Plastic Surgery, P.S. maintains Privacy Practices and Policies regarding the disclosure of PHI.

The Patient understands that:

- Protected Healthcare Information may be disclosed or used for treatment, billing and payment, or healthcare operations;
- The patient has the right and the opportunity to review Aesthetic Facial Body Plastic Surgery, P.S.'s Privacy Practices and Policies;
- Aesthetic Facial Body Plastic Surgery, P.S. reserves the right to change it's Privacy Practices and Policies at any time;
- The Patient has the right to request, in writing, restricted disclosure of their PHI,



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however, Aesthetic Facial Body Plastic Surgery, P.S. is not bound by the restrictions unless an agreement regarding the requested restrictions has been reached;

- The Patient understand that they will be responsible for copying and mailing charges associated with sending their medical records.
- The patient may revoke their consent, in writing, at any time regarding all *future* disclosures.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or healthcare operations. You have a right to revoke this consent in writing, signed by you and delivered to our office. Revocation will apply to any future disclosures but not to any disclosure already made in reliance on your prior consent or as required by law. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Aesthetic Facial Body Plastic Surgery, P.S. reserves the right to change its Privacy Practices and Policies at any time. A revised copy of the Privacy Practices and Policies may be requested by contacting the office.

SECTION 13

PHOTOGRAPHIC / VIDEOGRAPHIC DOCUMENTATION CONSENT FORM

I hereby give my consent to the taking of photographs and/or video by Aesthetic Facial Body Plastic Surgery, PLLC ("AFPS") of me or parts of my body in connection with the procedure(s) to be performed by the physician at AFPS for the sole purpose of internal use at AFPS.

I provide this authorization as a voluntary, yet private contribution:

- (i) for use in my medical files - patient chart - at AFPS;
- (ii) in the interests of the physician and office staff;
- (iii) for the purpose of facilitating consultations and procedural explanations to/for me;
- (iv) for AFPS training purposes. I understand that such photographs shall become the property of AFPS and may be retained by AFPS but will not be released by AFPS for any purposes such as print, visual or electronic media, medical journals and/or textbooks, or for the purpose of informing the medical profession or the general public about plastic surgery procedures and methods.

I understand that I may be asked to sign a separate consent in the future for the purpose of releasing my photos for other uses such as advertising for the rights of AFPS, but will not be required to do so, and may refuse.



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I understand that I may refuse to authorize the release of my photos for internal use and that my refusal to consent to the release will not affect the health care services I presently receive, or will receive, from AFPS.

I understand that I have the right to inspect and copy the information that I have

authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I release and discharge AFPS, the physicians, and all parties acting under the license and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publications of the photographs.

I certify that I have read the above Authorization and Release and fully understand its terms. If signing on behalf of a minor, I certify that I am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

Patient

Date

Witness.

Date