

Jennifer Spaulding.

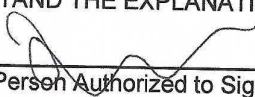
ULTRA PLUS XC 1mL
GTIN 10888628000117
LOT 1000578206
EXP 2024-08-11

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Aleksandr Shteynberg and the doctor's assistants to do the procedure Upper lip son subtraction and HA filler injection
2. I received the information sheet on : _____
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not realistic. All my questions have been answered. I understand the surgery's built-in risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after the planned surgery or any other operation that is needed or helpful.
8. I agree to have the right parts of my body photographed or televised before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE SURGERY TO BE PERFORMED
 - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
 - c. THERE ARE RISKS TO THE SURGERY

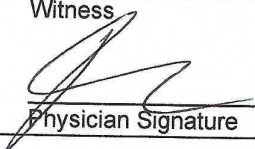
I CONSENT TO THE SURGERY AND THE ITEMS LISTED ABOVE (1-13).

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.


2/20/24 2:25 PM

 Patient or Person Authorized to Sign for Patient Date/Time

 Witness Date/Time


2/20/24 2:25 PM

 Physician Signature Date/Time

