

# Silicone Implants

## ACKNOWLEDGEMENT OF INFORMED CONSENT

I understand that this patient brochure, "Important Information for Augmentation Patients About Mentor MemoryGel Silicone Gel-filled breast implants," is intended to provide the information regarding the risks and benefits of silicone gel-filled breast implants, both general and specific to Mentor's MemoryGel products. I understand that silicone breast implant surgery involves risks and benefits, as described in this brochure. I also understand that the long-term (i.e. 10-year) safety and effectiveness of silicone gel-filled breast implants continue to be studied. I understand that reading and fully understanding this brochure is required, but there also must be consent with my surgeon.

By circling the correct response and signing below, I acknowledge:

**Y/N** I have had adequate time to read and fully understand this brochure;

**Y/N** I have had an opportunity to ask my surgeon questions I may have about this brochure or any other issues related to breast implants or breast surgery;

**Y/N** I have considered the alternatives to silicone breast implants and have decided to proceed with silicone breast implant surgery;

**Y/N** I have been advised to wait at least 1-2 weeks after reviewing and considering this information, before scheduling my silicone breast implant surgery;and

**Y/N** I will retain this brochure, and I am fully aware that I may also ask my surgeon for a copy of this signed acknowledgment

\_\_\_\_\_  
PATIENT (PRINT NAME)

\_\_\_\_\_  
SIGNATURE OF PATIENT\*

\_\_\_\_\_  
DATED

\*A patient must be at least 22 years old for primary and revision breast augmentation with silicone breast implants.

By my signature below, I acknowledge that:

-My patient has given an opportunity to ask any and all questions related to this brochure, or any other issues of concern;

-All questions outlined above have been answered "Yes" by my patient

-My patient has had a waiting period of at least 1-2 weeks before making her final decision; and

-Documentation of this informed decision will be retained to my patients permanent record.

\_\_\_\_\_  
SIGNATURE OF SURGEON

\_\_\_\_\_  
DATED