



THE FEW INSTITUTE

for AESTHETIC PLASTIC SURGERY

AGREEMENT REGARDING SMOKING

INSTRUCTIONS – This is an agreement that has been prepared to provide you with information and the guidelines you need to follow in order to proceed with your plastic surgery.

It is important that you carefully read this document and completely understand its content. Please discuss all questions and concerns with The Few Institute staff.

When all your questions and concerns have been answered, you will be asked to sign this document as well as the consent form to your procedure.

INTRODUCTION – Smoking is harmful to your health and presents a high risk of negatively impacting the outcome of your surgery. Specifically, smoking is potentially disastrous in relationship to plastic surgery. Smoke, both first and second hand, can significantly increase the risk of skin loss, bleeding, infection, and other negative events. Therefore, as a condition of my surgery, I understand and agree to the following:

1. **I will** avoid tobacco in any form for at least 6 weeks prior to surgery and for at least 1 month following surgery.
2. **I understand** that avoiding tobacco **includes both first and second hand smoke**. Second hand smoke exposure is defined as living with someone who smokes or spending an extended period of time in an environment in which second hand smoke is present. Examples of second hand smoking environments include but are not limited to bars, casinos, and designated smoking areas.
3. **I understand** that if I do not follow the above guidelines in avoiding tobaccos, my surgeon will be released of all responsibility for difficulties that may occur. These difficulties may include, but are not limited to, skin loss, bleeding, and infection.
4. **I also understand and consent to nicotine testing** if it is suspected that I have engaged in a smoking activity during the specified non-smoking timeframe.

I understand and consent to the terms and protocols outlined above. I understand and am satisfied with the explanation(s) I have received.

Patient Signature

Date