Colorado Facial Plastic Surgery
Mario Imola, MD, DDS, FRCSC, FACS
David M. Kowalczyk, MD, MBA
Creating Beautiful Faces

Aesthetics by Design
Creating Beautiful Skin

Neograft Consent

CONSENT FOR ANESTHESIA SERVICES AND HAIR TRANSPLANTATION SURGERY

1. I understand that good results from my hair transplantation surgery are expected, but the practice of medicine and surgery are not exact sciences. I am aware that favorable results will depend, in part, upon my completing the necessary number of operations recommended by the physician and upon my closely following all instructions. These instructions include but are not limited to pre-operative/post-operative activities and precautions which have been explained to me. I have also received a written copy of these instructions, have had the opportunity to ask any questions about my procedure and care, and agree to follow all directives.

2. I have disclosed all information regarding past and present medical conditions, current medications, and known drug allergies. I understand that this information is necessary for proper medical treatment before, during, and after my hair transplantation procedure.

3. I understand that because of the medicines that I will be given on the day of surgery, I will not be able to drive a car or operate dangerous machinery for the remainder of the day.

4. I understand that the quality and amount of pre-existing hair are major factors in the ultimate result. I understand that I will not have hair of the same thickness/density as I had prior to the onset of my hair loss and that I will not obtain a full head of hair from the procedure. I also understand that the visibility of the donor and receptor sites following a transplant surgery can last for a number of days.

5. Although every effort will be made to give the maximum yield from your hair transplantation procedure, it is possible that some or all of the transplanted hair may fail to grow.

6. I understand that the amount and location of future hair loss on the scalp, including the sides and back area, cannot be predicted. I also understand it is possible to lose my existing hair at any point in the future and that this may affect the appearance of the grafted hair area.

7. Hair transplants may not be permanent. Although they typically are very long lasting, in rare cases, grafted hair has fallen out in one to ten years.

8. I understand that more grafting sessions may be needed as balding progresses in years to come. Since future hair loss is likely, it is important not to extract all of the limited donor supply before the patient's final hair loss pattern is established.

9. I acknowledge I am responsible for payment of all services rendered with no fee reimbursement regardless of procedure results. I understand that the fee paid is for the procedure and not the expected result. Patient's initials_____

10. I have disclosed to the physician if I have received transplants or scalp reductions from another physician prior to my hair transplantation surgery at COFPS Cosmetic Surgery. I further acknowledge that neither the physician nor any other COFPS employee bears responsibility for my present condition.

11. The physician has recommended 1 session(s) of _____ grafts. I understand that more operations may be recommended later due to ongoing loss of my non-transplanted hair.

12. I understand that all recommendations made during my consultation and treatment are estimates and may change. If the physician or I feel an additional procedure is necessary, I understand that I will be responsible for any additional fees.

13. I do hereby consent and agree to have hair transplantation surgery performed upon me by Dr. Benson, associate physicians, and/or hair transplant technicians, and any other medical services which during the procedure become medically reasonable and necessary. These include but are not limited to the administration of anesthetics and/or sedatives necessary to perform a hair transplantation procedure.

In the overwhelming majority of hair transplantation procedures, there are no complications. However, a number of side effects, risks, and complications can occasionally occur including the following:
POSSIBLE HAIR TRANSPLANTATION COMPLICATIONS—

- Nausea and vomiting from pain medication
- Bleeding
- Infection
- Reaction to medications
- Occasional small, ingrown hairs which can cause a cyst
- Scarring of the donor and recipient area
- Fainting or syncope episode
- Excessive swelling
- Temporary headache
- Temporary numbness of the scalp
- Scarring around the grafts
- Poor growth of grafts
- Bruising
- Itching
- Shedding of existing hair (which typically grows back after about 3 months)
- Patients who smoke have a higher rate of delayed wound healing and lower graft yield. (Smoking is not recommended for 2-3 weeks prior to and following the procedure.)

POSSIBLE RARE HAIR TRANSPLANTATION COMPLICATIONS (partial listing only)—

- Keloid formation
- Irregular or delayed growth of transplanted hairs
- Complete failure of growth of transplanted hairs
- Persistent scalp pain
- Total loss of donor hair
- Permanent numbness of the scalp
- Loss of transplanted hair
- Allergic reaction or medication-related problem
- Epidermoid cysts
- Elevation of depression of grafts
- Bleeding
- Dizziness (due to anxiety)
- Allergic reactions to anesthesia or medications used (Medications are kept at hand to immediately treat any allergic reactions.)

POSSIBLE RARE ANESTHESIA COMPLICATIONS—

- Infection
- Drug reaction
- Weakness, persistent numbness, nerve injury, residual pain, convulsions, loss of limb function, paralysis
- Bleeding, blood clots, injury to blood vessels, stroke, brain damage, heart attack, or death

There is also the possibility that other effects or complications not presently known, recognized, or understood may develop now or in the future.

I certify that I have read the above authorization and that the explanations referred to therein were made to my satisfaction, and I fully understand such explanations. By signing this consent, I give my authorization for FUE hair transplantation.

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3. I understand that because of the medicines that I will be given on the day of surgery, I will not be able to drive a car or operate dangerous machinery for the remainder of the day.
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7. Hair transplants may not be permanent. Although they typically are very long lasting, in rare cases, grafted hair has fallen out in one to ten years.
8. I understand that more grafting sessions may be needed as balding progresses in years to come. Since future hair loss is likely, it is important not to extract all of the limited donor supply before the patient's final hair loss pattern is established.
9. I acknowledge I am responsible for payment of all services rendered with no fee reimbursement regardless of procedure results. I understand that the fee paid is for the procedure and not the expected result.
10. I have disclosed to the physician if I have received transplants or scalp reductions from another physician prior to my hair transplantation surgery. I further acknowledge that neither the physician nor any other employee bears responsibility for my present condition.
11. Physician has recommended Number of Grafts Estimated Neograft grafts. I understand that more operations may be recommended later due to ongoing loss of my non-transplanted hair.
12. I understand that all recommendations made during my consultation and treatment are estimates and may change. If the physician or I feel an additional procedure is necessary, I understand that I will be responsible for any additional fees.
13. I do hereby consent and agree to have hair transplantation surgery performed upon me by Dr. Mario Imola, associate physicians, and/or hair transplant technicians, and any other medical services which during the procedure become medically reasonable and necessary. These include but are not limited to the administration of anesthetics and/or sedatives necessary to perform a hair transplantation procedure.

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Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Physician Signature: _____ Date: _____