



# **Patient Decision Aid**

# **Informed Consent Agreement**

# **Breast Augmentation**

**This document is for reference purposes only. It is intended to provide general guidance, is not legal advice and is not a statement regarding any standard of care. This document does not take into account every law or requirement of federal, state or local authorities which may be applicable to you or your practice site(s).**

**I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS. I CONSENT TO THE TREATMENT, PROCEDURE OR FOLLOW-UP.**

**PATIENT** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**WITNESS** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

**I have been offered a copy of this consent form (patient's initials)** \_\_\_\_\_

**9.25. 2020**

