



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

Healing Body & Mind

Once you have the procedure you waited a long time for, it is time to be patient and wait, again, for your body to heal. Unfortunately, a surgeon's scalpel is not a magic wand and healing will occur at different rates for different people. You must allow yourself to heal and be aware it is natural to be impatient for the results and a little anxious because you often look worse before you look better. Being aware this can happen will help you understand these normal feelings.

Sharing your experience with friends and family can help give you a support system during your recovery, but realize they may unintentionally make you question your decision with concerns during your recovery. While you may think that you are looking pretty rough around the edges, we may tell you that you are healing beautifully. Trust us. We will share with you if there is a concern, so if we tell you that everything is healing normally, it is.

Your healing will depend on many things such as your general health, your willingness to follow instructions, and your mental attitude toward recovery. While I can perform the surgery, I cannot "heal" you. It is up to you to be an active participant in your recovery process to help your body heal the best that it can. Following all of our instruction is very important, as is working with us to address any complications that may arise. Even surgeries that are done exactly right, can have complications during recovery. It has to do with the human factor. We are not machines and every person can react differently and heal differently even when the surgery is done exactly the same. Every surgeon has unexpected results from time to time.

It is important you approach your surgery and especially your recovery with the mindset that we are a team, and you are an integral part of that team. We must trust each other to be working for a common goal, your successful result. As the surgeon, I enjoy my work and strive to achieve an ideal result during every surgery for every patient. I have rigorous standards that my staff must meet in order to be involved in your care. I am looking forward to working with you to achieve a great result and do not anticipate any post-operative problems. I will do everything I can to make sure that you are happy with your result.



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Your Anesthesia Experience

Anytime you undergo anesthesia, your general health condition must be considered. Depending on your age and the results of your history and physical, you may need pre-operative testing such as blood work, chest x-ray, or EKG. This is done to ensure that your current health does not put you at any additional unnecessary risk while under anesthesia.

There Are Four Levels Of Sedation That We Offer:

Local Sedation

A local anesthetic agent such as Novocaine, Xylocaine, or Marcaine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

Conscious Sedation with Registered Nurse and the physician

Versed or Fentanyl is administered through an intravenous line by our nurse. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.

Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

General Anesthesia with a Certified Registered Nurse Anesthetist or Anesthesiologist

This type of anesthesia offered is done through both an Intravenous line and an endotracheal tube (breathing tube down the windpipe). This level will take you to deepest level of sedation. You will not be aware of anything and will be in a deep sleep. We use the same medication as 3 and 4 options and also some anesthesia gases.



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We ask that you strictly avoid food and liquids 6 hours before your procedure. This is done for your protection to empty your stomach and prevent aspiration of food or fluid from the stomach into the lungs during anesthesia. Importantly, prior to this point we would like you to drink 64 ounces of fluid with solutes in it like Gatorade, Grape Juice, v8 etc. (Gatorade is probably the best). Your urine should be clear by the time you go to bed. If you are just having local anesthesia with your procedure and no sedation with the physician, you may be allowed to have something light before your procedure BUT YOU SHOULD ASK THE PHYSICIAN BEFORE DOING THIS.

Either prior to or on the day of surgery, your anesthesiologist or nurse will have questions for you regarding your health, height, weight and past anesthesia experiences. Complete and honest answers are required to assist your anesthesiologist or nurse in planning and administering the safest level of anesthetic possible. As you wake up from your anesthesia, your vitals will still be monitored closely for a half an hour. Often you will be given additional medications for discomfort and/or nausea. Once you are awake and aware, you may be released to a responsible adult to go home with you. Please follow the post-operative instructions closely regarding supervision requirements and activity restrictions. Drinking lots of fluids will help rid your body of the medications used for anesthesia more quickly.



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Pre-Procedure Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions.

Two Weeks Prior to Your Procedure and After Procedure

NO ASPIRIN or medicines that contain aspirin* since it interferes with normal blood clotting.

NO IBUPROFEN or medicines contain ibuprofen* as it interferes with blood clotting.

Please DISCONTINUE ALL HERBAL MEDICATIONS* as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.

Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.

NO “MEGADOSES” OF VITAMIN E (which is anything greater than 40IU), but a multiple vitamin that contains E is just fine.

NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing at least 2 weeks before and after your procedure.

You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.

Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.

One Week Prior to Your Procedure

DO NOT take or drink any alcohol or drugs for one week prior to your procedure and one week after your procedure as these can interfere with anesthesia and affect blood clotting.

DO NOT color your hair from this point on and for one month after your procedure.

If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before your procedure.

DO report any signs of cold, infection, boils, or pustules appearing before your procedure.

DO NOT take any cough or cold medications without permission.



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DO arrange for a responsible adult to drive you to and from the facility on the day of your procedure, since you will not be allowed to leave on your own. We will have a caretaker form for your caretaker to sign.

DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.

Day Before Your Procedure and Morning of Your Procedure

We may prescribe Clonidine to you that you should take the day before your procedure; ½ to 1 tablet in the morning and again at night; and that will continue for 48 hours after your procedure.

If you are having oral or conscious sedation you should have nothing to eat or drink (but you can have a little sip of water to take your usual medications) 6 hours before your procedure. Also, no gum, candy, mints or coffee the morning of your procedure. Do not sneak anything as this may endanger you. If you are just having your procedure under local anesthesia in our office you can eat something light up until your procedure.

If you are on regular medications, please clear these with Your physician. Otherwise, please make sure to bring all of the medications prescribed by Your physician with you on the day of the procedure and your own medications that you regularly take.

DO take a thorough shower with your germ-inhibiting soap the night before and the morning of your procedure. Shampoo your hair the morning of your procedure. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.

DO NOT apply any of the following to your skin, hair or face the morning of your procedure: make-up, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.

You may brush your teeth the morning of your procedure but do not drink anything unless you are having the procedure in our office under local anesthesia without oral or conscious sedation.

DO NOT wear contacts to your procedure. If you do wear glasses, bring your eyeglass case.

DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.

DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.



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You must have an adult drive for you – to and from your procedure. Please note that a cab or bus driver will not be allowed to take you home after your procedure. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.

If you are not recovering at home, it is very important that we have the number where you will be after your procedure.



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Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks before and after your procedure and only acetaminophen products, such as Tylenol, should be taken for pain. Most importantly we would like you to avoid high dose vitamin E (anything greater than 40IU), aspirin, anti-inflammatories, herbal medications, supplements (fish oil, omega 3's). All other medications – prescriptions, over-the-counter and herbal medications or supplements – that you are currently taking must be specifically cleared by your Doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your Doctor and the nursing staff. There are some food items on this list. You can eat these foods. **We just ask you to avoid eating large amounts of those foods that could contribute to more bleeding.** Thank you.

Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	Aspergum	Cheracol	Equagesic
5-Aminosalicylic Acid	Asprimox products	Choline Magnesium	Etodolac
Acetilsalicylic Acid	Axotal	Trisalicylate	Excedrin products
Actron	Azdone	Choline Salicylate	Fiorgen PF
Adprin-B products	Azulfidine products	Cope	Fiorinal products
Aleve	B-A-C	Coricidin	Flurbiprofen
Alka-Seltzer products	Backache Maximum	Cortisone	Gelpirin
Amigesic Argesic-SA	Strength Relief	Medications	Genprin
Anacin products	Bayer Products	Damason-P	Gensan
Anexsia w/Codeine	BC Powder	Darvon Compound-	Goody's Extra
Arthra-G	Bismatrol products	65	Strength Headache
Arthriten products	Buffered Aspirin	Darvon/ASA	Powders
Arthritis Foundation	Bufferin products	Diclofenac	Halfprin products
products	Buffetts 11	Dipenturn	IBU
Arthritis Pain	Buffex	Disalcid	Indomethacin
Formula	Butal/ASA/Caff	Doan's products	products
Arthritis Strength BC	Butalbital Compound	Dolobid	Isollyl Improved
Powder	Cama Arthritis Pain	Dristan	Kaodene
Arthropan	Reliever	Duragesic	Lanorinal
ASA	Carisoprodol	Easprin	lbuprohm
Asacol	Compound	Ecotrin products	Lodine
Ascriptin products	Cataflam	Empirin products	Lortab ASA



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Magan	Night-Time	Piroxicam	St. Joseph Aspirin
Magnaprin products	Effervescent Cold	Propoxyphene	Sulfasalazine
Magnesium Salicylate	Norgesic products	Compound products	Supac
Magsal	Norwich products	Robaxisal	Suprax
Marnal	Olsalazine	Rowasa	Synalgos-DC
Marthritic	Orphengesic products	Roxeprin	Talwin
Mefenamic Acid	Orudis products	Saletto products	Triaminicin
Meprobamate	Oxycodonc	Salflex	Tricosal
Mesalamine	Pabalate products	Salicylate products	Trilisate
Methocarbarnol	P-A-C	Salsalate	Tussanil DH
Micrainin	Pain Reliever Tabs	Salsitab	Tussirex products
Mobidin	Panasal	Scot-Tussin Original	Ursinus-Inlay
Mobigesic	Pentasa	5-Action	Vanquish
Momentum	Pepto-Bismol	Sine-off	Wesprin
Mono-Gesic	Percodan products	Sinutab	Willow Bark products
Motrin products	Phenaphen/Codeine	Sodium Salicylate	Zorprin
Naprelan	#3	Sodol Compound	
Naproxen	Pink Bismuth	Soma Compound	

Ibuprofen Medications to Avoid: *Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	lbuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	lbuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

Avoid ALL Diet Aids – Including Over-the-Counter & Herbal

Intensify anesthesia, serious cardiovascular effects.



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Tricyclic Antidepressants to Avoid: *Intensify anesthesia, cardiovascular effects.*

Adapin	Clomipramine	Limbitrol products	Sinequan
Amitriptyline	Desipramine	Ludiomil	Surmontil
Amoxapine	Doxepin	Maprotiline	Tofranil
Anafranil	Elavil	Norpramin	Triavil
Asendin	Endep	Nortriptyline	Trimipramine
Aventyl	Etrafon products	Pamelor	Vivactil
	Imipramine	Pertofrane	
	Janimine	Protriptyline	

Other Medication to Avoid: *Affect blood clotting.*

4-Way w/ Codeine	Dicumerol	Miradon	Sparine
A.C.A.	Dipyridamole	Opasal	Stelazine
A-A Compound	Doxycycline	Pan-PAC	Sulfipyrazone
Accutrim	Emagrin	Pentoxifylline	Tenuate
Actifed	Enoxaparin injection	Persantine	Tenuate Dospan
Anexsia	Flagyl	Phenylpropanolamin	Thorazine
Anisindione	Fragmin injection	e	Ticlid
Anturane	Furadantin	Prednisone	Ticlopidine
Arthritis Bufferin	Garlic	Protarnine	Trental
BC Tablets	Heparin	Pyrroxate	Ursinus
Childrens Advil	Hydrocortisone	Ru-Tuss	Virbamycin
Clinoril C	Isollyl	Salatin	Vitamin E
Contac	Lovenox injection	Sinex	Warfarin
Coumadin	Macrochantin	Sofarin	
Dalteparin injection	Mellaril	Soltice	

Salicylate Medications, Foods & Beverages to Avoid: *Affect blood clotting.*

(High concentration of foods to be avoided, you do not need to cut out these foods completely.)



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Amigesic (salsalate)	Pepto-Bismol	Almonds	Ginger
Disalcid (salsalate)	(bismuth	Apples	Grapes
Doan's (magnesium	subsalicylate)	Apricots	Pickles
salicylate)	Salflex (salsalate)	Blackberries	Prunes
Dolobid (diflunisal)	Salsalate	Boysenberries	Raspberries
Magsal	Salsitab (salsalate)	Cherries	Strawberries
Pamprin (Maximum	Trilisate (choline	Chinese Black Beans	Tomatoes
Pain Relief)	salicylate +	Cucumbers	Wine
Mobigesic	magnesium	Currants	
Pabalate	salicylate)	Garlic	

Vitamins and Herbs to Avoid

Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.

Ackee fruit	Dandelion root	Ginseng	Licorice root
Alfalfa	Devil's club	Gmena	Ma Huang
Aloe	Dong Quai root	Goldenseal	Melatonin
Argimony	Echinacea	Gotu Kola	Muwort
Barley	Ephedra	Grape seed	Nem seed oil
Bilberry	Eucalyptus	Guarana	Onions
Bitter melon	Fenugreek seeds	Guayusa	Papaya
Burdock root	Feverfew	Hawthorn	Periwinkle
Carrot oil	Fo-ti	Horse Chestnut	Selenium
Cayenne	Garlic	Juniper	St. John's Wort
Chamomile	Ginger	Kava Kava	Valerian/Valerian
Chromium	Gingko	Lavender	Root
Coriander	Gingko biloba	Lemon verbena	



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"The natural
Viagra®"
Vitamin E

Willow bark
Yellow root

Yohimbe

If you are taking anything not on this list, please call the office at (425) 990-3223 to notify us and make sure that it is okay.



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Post-Operative Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for your specific procedure. Notify your physician of any unusual changes in your condition and feel free to call the office with any questions.

You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.

After your procedure you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to your procedure. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself. Hence, you should always record how much and at what time you take your medications after your procedure.

The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.

DRINK fluids to help rid the body of the drugs used in your procedure. If you have straws in the house you will tend to drink more fluids the first few days after your procedure.

Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice; otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.

Please avoid the use of alcoholic beverages for the first 2 weeks after your procedure (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).

Take only medications that have been prescribed by your physician for your postoperative care and take them according to the instructions on the bottle. Your pain medication may make you feel “spacey”; therefore, have someone else give you your medications according to the proper time intervals. You and your caretaker should record how many pills you have, how much and what you are given at each dosage, at what date and time the drugs were given each and every time medications are given to you.



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If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and call 911 and you may also call our office immediately, as this may be a sign of a drug allergy.

You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.

Call (425) 990-3223 if you have: SEVERE PAIN not responding to pain medication; swelling that is greater on one side than the other; incisions that are RED OR FEVERISH; a FEVER; or if any other questions or problems arise.

Keep any DRESSINGS ON, CLEAN AND DRY. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.

After your procedure it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move. If it persists you can call your Doctor anytime or our office.

Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.

Limit lifting, pulling or pushing for the first 2 weeks. The limit of lifting should be anything under 5 pounds.

Having your head of your bed elevated 45 degrees will help your swelling. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.

You are requested to remain within a reasonable traveling distance of the office for approximately 7-10 days.

Once cleared to shower you may do so every day. We usually allow this 72 hours after your procedure. Please do not use the bathtub for 2 weeks. For the first 2 weeks, you should avoid really hot showers. Lukewarm showers will prevent you from having bleeding, oozing and more swelling.

NO SMOKING for the first 2 weeks before and after your procedure. Any cheating will delay healing.

You may drive once you are off the pain pills and any sedating medications, and when you experience no pain with this activity (you need to be able to react quickly).



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All surgeries involve some scarring, which can take up to a year to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 45 or higher) can help and will protect the surrounding tissues that might not feel sunburn developing while the nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.

DO NOT use a hot tub for 4 weeks.

AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, and swelling).

You may return to work when you feel able and are cleared to do so by your surgeon.

Do not color your hair for 1 month after your procedure.

Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.



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Dimple Creation Surgery Post Procedure Form

Cleaning:

1. Chlorhexidine mouthwash- swish and split 15 mLs in the morning when you wake up, at night before bed, and after each meal. Start 2 days before your procedure, immediately before your procedure and continue for the next week

Wrap Care:

1. You should wear a wrap for the first two weeks nonstop (unless bathing) then only at night for 2 months
2. Wear wrap tight for two hours (not too tight- check skin for discoloration) and one hour loose. At night wear your wrap comfortably, with a moderate amount of compression

Food and Liquids

1. You should avoid hot (temperature) and spicy liquids and foods for the first 2 weeks. Drink plenty of fluids to make sure that your urine is not too dark. It should be light yellow to clear in color. Eating helps you to absorb your medication and also prevent nausea with your pain medication. However, early on after surgery too much food can cause nausea

2. If you are having any oral incisions, we highly recommend a **liquid diet for the first 2 weeks to allow your incisions to heal**. Protein drinks are ideal. Our goal is to have the least amount of particulate matter as possible. This particulate food matter can get into the incisions and serve as a source of infection

3. Before resuming a regular diet you should discuss this with your doctor

Medications

1. Follow instructions on prescribed medications

2. Never take Tylenol with Pain medicine at the same time. Never mix your prescription strength pain medicine with any sleeping aids

3. Pain Medicine can cause constipation- drink plenty of fluids, Metamucil and or Colace as needed

4. **Always eat food with pain medicine and antibiotics**

5. No blood thinners, drinking alcohol, aspirin, anti inflammatories, high dose vitamin E, herbal medications or smoking for two weeks after the procedure

Activity

1. No strenuous activity, straining, bending over, lifting greater than 5 pounds for 2 weeks after surgery. It's okay to take a light walk for about 15-20 minutes once or twice a day after the first three days and increase your activity slowly after two weeks. **Light walks** also sometimes help with resolving residual bruising and swelling

2. **You can bathe/shower after the first 72 hours**, as long as you don't use very warm water. The water should be lukewarm, just warm enough not to cause discomfort from being too cold

3. Your healing, swelling and recovery will be 60% at 6 weeks and 80% at 6 months. You should gauge your activity based on this. We generally advise starting regular activity slowly 2 weeks after your procedure

4. **Sleep with head elevated until swelling improves (2-3 pillows)**

Your Doctor may send you more information regarding the post procedure care period.

Please text your Doctor with daily closeup pictures for 2 weeks, then every week for a month, and then every month for a year so that he can track your post-op healing. Please send without Vaseline nor betadine and after you've cleaned WITH FLASH

Patient

Date

Caregiver



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CONSENT FOR DIMPLE CREATION

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning Dimple Creation surgery(s), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The Dimple Creation surgery is a procedure frequently performed by plastic surgeons. Dimple Creation surgery can be indicated for cosmetic purposes. There are many different techniques of Dimple Creation surgery. Other treatments to enhance your appearance include, but are not limited to face lift, rhinoplasty, lip augmentation, otoplasty, eyelift, etc. The other option includes not doing the dimple creation and accepting your current appearance.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not creating the dimple. You may also consider other procedures in facial plastic surgery to improve your appearance.

RISKS OF DIMPLE CREATION SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. The risks include bleeding, infection, damage to organs, nerves (facial nerve damage and subsequent facial paralysis), vessels, anesthesia, poor results, need for additional procedures, scarring, asymmetry, death, etc. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of excising the skin lesion.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.



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Hematoma can occur at any time following injury. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

Damage to Deeper Structures- There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

Wound Disruption- Until wound healing is complete; it is possible to split open the surgical wound where the Dimple Creation was performed. Wound disruption can produce a poor surgical result. If this occurs, additional treatment may be necessary.

Sutures- Some surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

Skin Contour Irregularities- Contour irregularities and depressions may occur after Dimple Creation surgery. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

Allergic Reactions- In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.



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Surgical Anesthesia- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Change in Skin Sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

Shock- In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of Dimple Creation surgery. This would include risks such as asymmetry, unacceptable visible deformities at the ends of the incisions (dog ears), loss of function, poor healing, wound disruption, skin death and loss of sensation. It may be necessary to perform additional surgery to improve your results.

Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition.

Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

ADDITIONAL ADVISORIES

Skin Disorders / Skin Cancer: Skin disorders and skin cancer may occur independently of Dimple Creation surgery.

Long-Term Results- Subsequent alterations in scar appearance may occur as the result of aging, weight loss or gain, sun exposure, pregnancy, menopause, or other circumstances not related to Dimple Creation surgery.

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.



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Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients, who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

It is important to refrain from smoking at least 2 weeks before and after surgery and until your physician states it is safe to return, if desired.

Mental Health Disorders and Elective Surgery- It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with Dimple Creation surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science.

Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. Patient compliance with post-operative activity restriction is critical. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities that involve the potential for re-injury must be avoided until healing is completed. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.



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HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet.

Most insurance plans exclude coverage for secondary or revisionary surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr.Philip Young MD and such assistants as may be selected to perform the following procedure or treatment:

DIMPLE CREATION SURGERY

I have received the following information sheet:

INFORMED CONSENT - DIMPLE CREATION SURGERY



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2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.



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PATIENT RIGHTS

The patient has the right to:

1. Treatment without regard to race, gender, age, national origin or cultural, economic, educational, or religious background, or the source of payment of his care.
2. Dignified, considerate and respectful care.
3. The knowledge of the name of the surgeon who has primary responsibility for coordination of his care and the names and professional relationships of other practitioners who will see him. All health care professionals practicing at the facility have had their credentials verified and have been approved to practice at the facility by the Governing Board.
4. Receives information from his surgeon about his illness, his course of treatment, and his prospects for recovery in terms that he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, including the name of the person who would carry out the treatment(s) or procedure(s).
6. Participate actively in decision regarding his medical care. To the extent it is permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.



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9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know, in advance the time and location of appointment(s), as well as, the practitioner providing the care.
11. Be advised if the surgeon proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his surgeon, or designee, of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of the source of payment.
14. Have all patients rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing without fear of retribution or denial of care and expect his grievance to be reported to the person in charge immediately, and that his grievance will be investigated regarding treatment or care that is furnished, or fails to be furnished. The patient has the right to contact AAAHC.org.
16. Have information provided prior to 24 hours before the date of the procedure concerning the policies on advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal Regulations. Document in a prominent part of the patient's current medical record whether or not the individual has executed an advance directive.
17. Be informed of their right to change primary or specialty physicians if other qualified physicians are available.
18. Provided appropriate information regarding malpractice insurance coverage.
19. Patient will be treated respectfully regarding privacy, security, grievance resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.
20. Be protected from abuse and neglect.
21. Be informed of unanticipated outcomes.
22. Aesthetic Facial Body Plastic Surgery is owned and operated by Dr. Young.



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CONSCIOUS SEDATION | GENERAL ANESTHESIA CONSENT FORM

INSTRUCTIONS

This is an informed consent document which has been prepared to help inform you about the anesthesia options available to you for your surgical procedure, their risks, as well as alternative treatment(s).

GENERAL INFORMATION

Washington State Law guarantees that you have both the right and the obligation to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team you must enter into the decision-making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

TYPES OF ANESTHESIA OFFERED:

1. Local Sedation

A local anesthetic agent such as Novocaine, Lidocaine | Xylocaine, or Marcaine all with or without epinephrine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.

2. Oral Sedation

Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.

3. Conscious Sedation with Registered Nurse and your Physician



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Versed or Fentanyl is administered through an intravenous line by our nurse. Other agents that are deemed necessary (with the patient's safety and comfort as the utmost priority), may be used including, but not limited to, ketamine, propofol, robinul, lebatolol, flumazenil, naloxone, ondansetron, valium, dexamethasone, etc. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.

4. Conscious Sedation with a Certified Registered Nurse Anesthetist

The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

5. General Anesthesia with a Certified Registered Nurse Anesthetist or Anesthesiologist

This type of anesthesia offered is done through both an Intravenous line and an endotracheal tube (breathing tube down the windpipe). This level will take you to deepest level of sedation. You will not be aware of anything and will be in a deep sleep. We use the same medication as 3 and 4 options and also some anesthesia gases.

RISKS OF ANESTHESIA

I have been informed how each type of anesthesia is performed. I understand that all sedation and anesthesia medications involve risks of complications and serious possible damage to vital organs such as the brain, heart, lung, liver, and kidney, and that in some cases use of these medications may result in paralysis, cardiac arrest, and/or brain death from both known and unknown causes. I have been informed of possible alternative forms of treatment, including non-treatment.

I understand that, during the course of anesthesia, operation, post-operative care, medical treatment, or other procedures, unforeseen conditions may necessitate additional or different procedures than set forth above. I therefore authorize my above-named physician, and his/her assistants or designees, to perform such procedures that are considered necessary and desirable, in their professional judgment. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.

I consent to the administration of sedation or anesthesia by my attending physician, by an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary.



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I hereby authorize my physician / Aesthetic Facial Body Plastic Surgery and/or such associates or assistants as may be selected by said physician to administer anesthesia.

I certify that my physician has informed me of the nature and character of the proposed treatment, of the anticipated results of the proposed treatment, of the possible alternative forms of treatment, and of any recognized serious possible risks and complications of the proposed treatment and of alternative forms of treatment, including non-treatment.

I CERTIFY THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, I HAVE HAD ALL ASPECTS OF THIS MEDICAL TREATMENT EXPLAINED TO MY SATISFACTION, AND I CONSENT TO THE USE OF CONSCIOUS SEDATION.

****Consent to be Signed Electronically as Part of the Medical Record****

Consent Signature - Patient Signs Here



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CARETAKER CONSENT FORM

Your post-operative care is critical. Once you leave our office, your care will no longer be in our control and, therefore, you must have someone watching you carefully who can provide you the right doses of medicines. That is why our doctors recommend that you have 24 hour nursing care from a qualified nursing center. If instead you choose to have a family member or friend watch over you, then you must ensure that the person you select is qualified to take care of you during this critical state. Failure to have proper post-operative care may result in slowing your recovery, permanent damage and even death. Do not take the appointment of your caretaker lightly.

We reserve the right to send you to an aftercare facility if we deem that your caretaker is not of sufficient status to care for you in the first 24 hours.

FOR PATIENT TO SIGN

I _____ (full name) appoint _____ (full name) as my post-operative caretaker for my surgery on _____ (date). I understand that the doctors recommend that I have qualified 24 hour nursing care, but I choose this person as my caretaker and accept the risk of my decision. I also understand that my private medical information will be disclosed to my caretaker as needed to help with my recovery. I also understand that any failure on the part of my caretaker does not create a liability to AFBPS, which is not responsible for my choice in caretaker and his/her abilities. I remain solely responsible for my decision.

Patient Signature: _____

Date: _____

FOR CARETAKER TO SIGN

I _____ (full name) agree to care for _____ during the post-operative period of 24 hours or more as necessary after surgery on _____ (date). I do not take this obligation lightly and understand that I could be liable for failure to care for the patient properly. I will keep patient's medical information confidential and will not disclose said information to anyone except those people involved in patient's care. I agree to monitor the patient's vital signs by doing the following and keeping a record of my care:

Staying in the same room as the patient;



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Making sure breathing is strong;

Asking questions to make sure patient is able to respond;

Making sure that the patient uses the restroom regularly;

Giving liquids and food as directed;

Giving the proper doses of medicine and recording patient's response.

All of these measures should be done on a regular basis over the course of the night. The intervals can be as frequent as every 5-15 minutes depending on the condition of the patient that you are caring for. If I have any question at all, I will call the doctor at 425 990 3223 or other numbers that are supplied to me. If there is any problem, I will immediately call 911 and the doctor at 425 990 3223 or other numbers that are supplied to me..

I also understand that signing this form does not create a relationship between myself and AFBPS; instead, my sole relationship is with the patient, who has chosen me to be the caretaker. Any failure on my part does not make AFBPS liable in any way.

My phone numbers are: _____

Caretaker signature: _____ Date: _____



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PAIN MANAGEMENT AGREEMENT

I understand that I have a right to comprehensive pain management along with the surgery that I will undergo. I wish to enter into a treatment agreement to prevent possible chemical dependency. I understand that failure to follow any of these agreed statements might result in Aesthetic Facial Body Plastic Surgery, PLLC ("AFBPS") and their physicians to not provide ongoing care for me.

I agree to undergo pain management by Aesthetic Facial Body Plastic Surgery, PLLC. Pain Management provided by AFBPS is for the purpose of post-operative plastic surgery. I agree to the following statements:

I will not accept any narcotic prescriptions from another doctor unless approved by all physicians.

I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications will cause severe withdrawal syndrome.

I will only take the medication as directed by AFBPS.

I understand that I must keep my medications in a safe place.

I understand that AFBPS will not supply additional refills for the prescriptions of medications that I may lose.

If my medications are stolen, AFBPS will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office.

I will not give my prescriptions to anyone else.

I will only use one pharmacy.

I will keep my scheduled appointments with AFBPS unless I give notice of cancellation 24 hours in advance.

I understand that pain medications can affect my breathing and could lead to life threatening situations if I am not careful. I understand that I should not take too much medication that I am too tired or drowsy that will lead me to stop breathing and result in death. I understand that I have a maximum amount that I can take in a 24 hour period but that some people respond differently and this maximum may be less than what is stated and that I need to see how the medication is affecting me.



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I understand that if there is any question or concern regarding taking pain medications or taking too much pain medication then I will contact your Doctor immediately or call 911.

I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by AFBPS.

My treatment plan may change based on outcome of treatment, especially if pain medications are ineffective. Such medications will be discontinued.

I understand that AFBPS believes in the following "Pain Patients' Bill of Rights."

You have the right to:

Have your pain prevented or controlled adequately.

Have your pain and medication history taken.

Have your pain questions answered.

Know what medication, treatment or anesthesia will be given.

Know the risks, benefits and side effects of treatment.

Know what alternative pain treatments may be available.

Ask for changes in treatments if your pain persists.

Receive compassionate and sympathetic care.

Receive pain medication on a timely basis.

Refuse treatment without prejudice from your physician.

Include your family in decision-making.

Termination Clauses

The doctor may terminate this agreement at any time if he/she has cause to believe that I am not complying with the terms of this agreement, or to believe that I have made a misrepresentation or false statement concerning my pain or my compliance with the terms of this agreement. Proof or verification of such beliefs is not required for termination and discontinuation of care.



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I understand that I may terminate this agreement at any time.

If the agreement is terminated, I will not be a patient of AFBPS or your particular physician and would strongly consider treatment for chemical dependency if clinically indicated.

Patient/Guardian Signature:

Date

Print Patient/Guardian Name:

Date

Physician Signature: _____

Print Physician Name: _____



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GENERAL, HIPAA, PHOTO | VIDEO INFORMED CONSENT FORM, AND RELEASE AGREEMENT

Aesthetic Facial Body Plastic Surgery, PLLC's ("AFBPS"), by and through Dr. Phillip Young, agree to

provide treatment to: _____ ("Patient" or "you") [insert Patient's name]

pursuant to terms and conditions set forth under this General Informed Consent Form and Release Agreement (the "Agreement") and such other consent or release AFBPS may require from time to time.

Patient has received materials, literature and documents regarding AFBPS's policies and guidelines for pre- and post-procedure activities and prohibitions, as well as medications to avoid and release of rights, including but not limited to the following:

1. Healing Body and Mind;
2. Your Anesthesia Experience;
3. Pre-Procedure Instructions;
4. Medications to Avoid;
5. Post-Procedure Instructions;
6. Post-Operative Instructions for Your Specific Procedure that you are receiving;
7. Patient Rights;
8. Anesthesia Consent Form;
9. Caretaker Consent Form;
10. Pain Management Consent Form; and
11. Photographic / Videographic Documentation Consent Form



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By executing this Agreement, Patient certifies that he/she has: (i) read; (2) understood; and (3) had an opportunity to ask questions regarding each section of this Agreement and all materials, literature and documents provided by AFBPS. Patient understands that for each specific procedure, he/she will be required to sign additional consent forms addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures Patient will undergo while under the care of AFBPS. If the person signing as the "Patient" under this Agreement is doing so on behalf of a minor, then such person certifies that he or she is the parent, guardian, or conservator of the minor and that such person is authorized to sign this consent form on the minor's behalf.

SECTION 1

INTRODUCTION TO AESTHETIC FACIAL BODY PLASTIC SURGERY, PLLC

Aesthetic Facial Body Plastic Surgery, PLLC is a Professional Service Corporation which performs various plastic surgery procedures to enhance facial aesthetics of its patients. These procedures can help to reduce the visible signs of aging, but cannot stop the process of aging. Since each individual's body is different, the risks and results of any medical procedure may vary from person to person. These procedures are generally performed under local, oral or conscious sedation and some individuals may need extra healing time and may not be able to return to work or normal activities for a prolonged period of time.

SECTION 2

ALTERNATIVES TO TREATMENT

There are surgical and nonsurgical methods for improving facial aesthetics and AFBPS will provide you with options and alternatives that may be suitable for your objectives, which you should carefully review with your treating physician before deciding on one or more treatment procedures.

SECTION 3

RISKS OF PROCEDURES

Every medical and surgical procedure involves a certain amount of risk and it is important that you understand these risks. An individual's choice to undergo a medical or surgical procedure is based on, among other things, the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each of them with your physician to make sure you understand the



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potential risks, complications, and consequences of the associated procedures. Whenever the skin is cut or punctured, it heals with a scar. Some procedures will result in a permanent scar.

Normal symptoms that occur during the recovery periods: swelling and bruising, discomfort and some pain, crusting along the incision lines, numbness of operated upon skin lasting 3 months or possibly longer or permanent, itching, redness of scars. With each individual procedure, the specific consent to perform the procedure will outline in more detail some of the symptoms, side effects and risks associated with such a procedure.

SECTION 4

POST-PROCEDURE CARE

Post-Procedure care is an important part of your plastic surgery experience. It is your obligation to make sure that you keep all your post-procedure appointments as directed and make sure that you promptly contact your physician and seek emergency care in case of a medical emergency. You must have a caretaker for the first 24 hours. **You should also record how you are taking your medications. You should record the date and time of each prescription drug you are taking, how much and what medications are given, and the total amounts of the drugs that are left each and every time.** Medications (especially pain medications) can be dangerous and you need to strictly follow the instructions on the prescription attached to the bottle.

SECTION 5

FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

As you have been, or will be, advised, no plastic surgeon can guarantee a specific result. From time to time, some patients may require additional surgery to deal with revisions or complications. In cosmetic procedures, there are certain problems that are unavoidable regardless of quality of the care provided and diligence exercised by the doctor and his/her team.

Examples of problems that a patient may encounter include bleeding and/or an unfavorable scar after a surgical procedure. In both of these cases, the patient may require additional surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring).



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We hope that no complication arises and no revisionary surgery becomes necessary in your case. However, no plastic surgeon can make such a guarantee to any of his or her patients. It is important for the patient undergoing an elective surgical procedure to understand that surgical revisions and complications may result in additional costs. Revisions within six (6) months from the original procedure date will not incur additional physician fee; but facility, anesthesia and other fees and costs shall be the sole responsibility of the patient. Notwithstanding the foregoing, any revisions after six (6) months of the original procedure date will incur all standard fees and costs.

If you have any questions regarding this policy, our office staff would be happy to discuss it with you.

SECTION 6

DEPOSIT | FEE | CANCELLATION

POLICY **Deposit | Fee for Surgical**

Procedures:

Procedure quotes are valid for 3 months. To ensure you receive the procedure pricing, your procedure must be scheduled within 3 months and completed within 12 months of receipt of the original quote. Based on years of experience and to ensure an efficient schedule for the health of our office, a non-refundable deposit of 10% of the total cost of the procedure is required to reserve your procedure date. **If you decide to reschedule or cancel your procedure you will be charged this deposit and it will be non-refundable and not applicable for future procedures.** To reschedule to a different date you will be required to place another non-refundable deposit of 10% of the total cost of the procedure.

The total cost of your procedure will be collected in full at the time of your Pre-Operative appointment 2 weeks before your procedure date. If you cancel or reschedule your procedure within the 2 week time frame you will be charged 50% of the total cost of your procedure. After your procedure, there are no refunds given. If you have any questions regarding our financial or refund policy, feel free to contact our Patient Care Coordinator or Office Manager. You may make a payment by contacting our office at 425.990.3223 or through our [Plastic Surgery Financing and Online Payment page](#).

Appointments | in-office procedures:

A deposit of \$250 / \$500 (respectively) will be collected at the time of scheduling a Botox or Filler appointment with Dr. Young. If you decide to reschedule or cancel your procedure you will be charged this deposit and it will be non-refundable and not applicable for future



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procedures. To reschedule to a different date you will be required to place another non-refundable deposit. For Botox, Dr Young has a 40 unit minimum and a 2 syringe minimum for Fillers.

The remaining cost of your treatment will be collected in full at the time of your appointment. After your treatment appointment, there are no refunds given. If you have any questions regarding our financial or refund policy, feel free to contact our Patient Care Coordinator or Office Manager. You may make a payment by contacting our office at 425.990.3223 or through our [Financing and Online Payment page](#). The deposit and other fees can be paid on our Financing and Online Payment page or by contacting our office at 425.990.3223.

SECTION 7

DISCLAIMERS, RELEASES AND COVENANTS

Computer imaging may be used during your consultation. Although we strive to achieve the very best results every time, these images are used to help guide us during your procedure and are not a guarantee of results.

You understand that AFBPS will request or require you to sign the following consent forms:

- Patient HIPAA Consent Form;
- General Instruction Form;
- Photographic/Videographic Documentation Consent Form;
- Pain Management Agreement;
- Caretaker Consent; and
- Consent forms for each individual procedure you will undergo while under the care of AFBPS.

Informed consent documents are used to communicate information about the proposed medical or surgical treatment along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as science, knowledge, and technology advance and as practice patterns evolve.



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For purposes of advancing medical education, you consent to the admittance of observers to the operating room.

You consent to the disposal of any tissue, medical device or body parts which may be removed.

You understand that the success of the procedure is to a great extent dependent upon your closely following Pre-Op and Post-Op instructions your doctor has provided to you. Post-Op care, activities and precautions have been explained to you and you understand them fully.

You also consent to the administration of such anesthetics as may be considered necessary and advisable by the attending physicians and/or anesthesiologist. You are aware that risks are involved with anesthesia, such as allergic or toxic reactions and even cardiac or respiratory arrest.

Your physician, and/or your physician's designees, reserve the right to discuss your case with any third parties if, in your physician's considered opinion, it becomes necessary to do so. Your signature below will indicate your consent to this reservation.

You have had sufficient opportunity to discuss your treatment with your physician and/or your physician's associates, and all your questions have been answered to your satisfaction. You believe that you have adequate knowledge upon which to give an informed consent to the proposed treatment.

SECTION 8 MOTOR VEHICLE AND PROCEDURE DATE POLICY

You are advised not to operate a motorized vehicle or power equipment on the day of surgery. The drugs administered during the procedure may impair driving ability and you should not drive when you are on any sedating medications such as sleeping pills, antihistamines, muscle relaxants, anti-anxiety medications, clonidine, and pain medications. AFBPS recommends that you have someone drive you to and from our facility the day of your procedure, if you are taking pain or sedation medications.

You hereby release and hold AFBPS and Dr. Phillip Young harmless from any and all actions, loss or injury sustained by you or any third party as a consequence of your operation of any motorized vehicle or equipment while under the influence of sedating medications prescribed to you.

SECTION 9 SMOKING

NO SMOKING FOR AT LEAST TWO (2) WEEKS BEFORE AND AFTER YOUR PROCEDURE!!! You have been informed by AFBPS that you are not to smoke for at least two (2) weeks before and after your scheduled procedure at AFBPS. If you are unable to



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maintain this nonsmoking policy before the procedure, then you must notify AFBPS immediately to reschedule your procedure date. If you are unable to maintain the nonsmoking policy after your procedure, then you must notify AFBPS and your doctor immediately to assess your health risk and seek appropriate medical attention as necessary. You understand that this policy is in place for your health and safety and you shall not hold AFBPS and Dr. Phillip Young responsible for any negative result which may have been directly or indirectly caused by smoking.

You hereby attest that you have read and understood the above information carefully and have had all your questions answered before signing the consent form.

SECTION 10

ADVANCED MEDICAL DIRECTIVE

You acknowledge that you have been informed that your Advanced Medical Directive will be suspended while you are being treated at AFBPS. You have given a copy of your Advanced Medical Directive document to the staff at AFBPS; in the event that it is necessary that you be transferred to a hospital for acute care, every effort will be made to assure that a copy of this document will accompany you. You understand that it is not the responsibility of AFBPS to advise each care provider (emergency responders, emergency room, acute care facility, etc.) of your Advanced Medical Directive and that you should keep a copy of your Advanced Medical Directive with you and your designated health care proxy should also maintain a copy of the form.

If no copy of the Advanced Medical Directive is supplied for your medical record, you release AFBPS from any obligation or responsibility related to your status in this regard.

SECTION 11

CONSENT TO DRAW LABS FOR EXPOSURES

By signing this consent I also allow Aesthetic Facial Body Plastic Surgery and its Staff to carry out necessary blood work in the event of an accidental needle stick. The purpose of this is to allow Aesthetic Facial Body Plastic Surgery and its Staff to test your blood to see if you are a carrier of certain types of diseases including, but not limited to, Human Immunodeficiency Virus, Hepatitis, Syphilis, etc.

SECTION 12

Patient HIPPA Consent Form

Your health and health care information is both personal and private. Aesthetic Facial Body Plastic Surgery, P.S. is dedicated to protecting your health care information. This HIPPA Consent Form provides information about how Aesthetic Facial Body Plastic Surgery, P.S. may use and disclose your Protected Health



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Information (PHI).

As part of your medical treatment, Aesthetic Facial Body Plastic Surgery, P.S. originates and maintains

paper and/or electronic records which contain PHI such as: demographic information; personal and family histories; symptoms; examination and test results; diagnoses; past, present and future plans for care and treatment; and information received from other health care providers, your employer and any health care plan. Aesthetic Facial Body Plastic Surgery, P.S. maintains Privacy Practices and Policies regarding the disclosure of PHI.

The Patient understands that:

- Protected Healthcare Information may be disclosed or used for treatment, billing and payment, or healthcare operations;
- The patient has the right and the opportunity to review Aesthetic Facial Body Plastic Surgery, P.S.'s
Privacy Practices and Policies;
- Aesthetic Facial Body Plastic Surgery, P.S. reserves the right to change it's Privacy Practices and Policies at any time;
- The Patient has the right to request, in writing, restricted disclosure of their PHI, however,
Aesthetic Facial Body Plastic Surgery, P.S. is not bound by the restrictions unless an agreement regarding the requested restrictions has been reached;
- The Patient understand that they will be responsible for copying and mailing charges associated with sending their medical records.
- The patient may revoke their consent, in writing, at any time regarding all *future* disclosures.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or healthcare operations. You have a right to revoke this consent in writing, signed by you and delivered to our office. Revocation will apply to any future disclosures but not to any disclosure already made in reliance on your prior consent or as required by law. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Aesthetic Facial Body Plastic Surgery, P.S. reserves the right to change its Privacy Practices and Policies at any time. A revised copy of the Privacy Practices and



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Policies may be requested by contacting the office.

SECTION 13

PHOTOGRAPHIC / VIDEOGRAPHIC DOCUMENTATION CONSENT FORM

I hereby give my consent to the taking of photographs and/or video by Aesthetic Facial Body Plastic Surgery, PLLC ("AFBPS") of me or parts of my body in connection with the procedure(s) to be performed by the physician at AFBPS for the sole purpose of internal use at AFBPS.

I provide this authorization as a voluntary, yet private contribution:

- (i) for use in my medical files - patient chart - at AFBPS;
- (ii) in the interests of the physician and office staff;
- (iii) for the purpose of facilitating consultations and procedural explanations to/for me;
- (iv) for AFBPS training purposes. I understand that such photographs shall become the property of AFBPS and may be retained by AFBPS but will not be released by AFBPS for any purposes such as print, visual or electronic media, medical journals and/or textbooks, or for the purpose of informing the medical profession or the general public about plastic surgery procedures and methods.

I understand that I may be asked to sign a separate consent in the future for the purpose of releasing my photos for other uses such as advertising for the rights of AFBPS, but will not be required to do so, and may refuse.

I understand that I may refuse to authorize the release of my photos for internal use and that my refusal to consent to the release will not affect the health care services I presently receive, or will receive, from AFBPS.

I understand that I have the right to inspect and copy the information that I have authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I release and discharge AFBPS, the physicians, and all parties acting under the license and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publications of the photographs.

I certify that I have read the above Authorization and Release and fully understand its



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terms. If signing on behalf of a minor, I certify that I am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

****Consent Will Be Signed Electronically As Part of the Medical Record****