

### Exquisite Eyelash/Eyebrow Transplant Consent

Permission is hereby granted to Ocula Plastics, LLC to perform an eyelash/eyebrow hair transplant to both upper lids/eyebrows from body donor hairs. The procedure has been explained to me by Ocula Plastics, LLC. to my understanding and satisfaction. I consent to the photographic documentation of my procedure before, during and after treatment. I agree these photographs become the property of Ocula Plastics, LLC. Permission includes the administration of local anesthesia. Informed consent requires that common complications are made known, however unlikely they may be to occur.

-Injectable local anesthetics (lidocaine with epinephrine/adrenaline) and topical anesthetics (lidocaine, tetracaine, proparacaine) may affect various organs including the heart and liver. These affects may result in allergic reaction or failed or abnormal organ function such as irregular heartbeats, heart attacks, stroke and death. It is possible to have allergic reactions to prescribed and over the counter medications, dressings or tape. These reactions may include, but are not limited to, nausea, vomiting, itchiness, skin rash to more severe reactions such as convulsions, coma or even death. I understand the importance of informing the physician of any reactions I or my family have had with medications or items mentioned above. If I have negatively reacted to any item in the past, I will inform the physician immediately.

-Swelling occurs after surgery, it may last a number of days, weeks or months. Bleeding is controlled at the time of surgery by cautery or pressure. If a hematoma (blood collection) occurs, it may require removal. Some bloody drainage is normal, but if excessive bleeding occurs, please contact us. In very rare cases, extensive bleeding or complications could require hospitalization and blood transfusion. With most surgeries there is bleeding under the skin, which leaves bruising for about 1-2 weeks.

-Infection may occur with any operation, which may require additional surgical procedures and may result in the temporary or permanent reversal of the earlier treatment. Infections can follow eyelash/eyebrow hair transplantation at either the recipient and/or donor sites. The use of antibiotics and further surgical procedures may be necessary in the case of an infection.

-Some scarring will result wherever there is a cut. We make every effort to place scars in areas where they will be minimal or invisible. Healing and tendency to scar is variable in different persons and in different areas of the body of the same person. How well a person will heal cannot be predicted or controlled. Extensive wide or thickened scars (hypertrophic or keloid) may occur if you are prone to them. After my donor areas have healed, I understand that there may be signs of hypopigmentation in my donor areas (white dots) or hyperpigmentation (dark dots). Hair will be taken diffusely throughout donor areas, so extraction areas will be less dense.

-In cutting the skin, small nerve endings are cut which can result in numbness around the surgical area. Sensation usually returns as small nerve endings re-grow. In rare occasions, a permanent area of numbness remains. Most numbness or weakness goes away in time.

-Eyelash/eyebrow hair transplantation surgery requires lying still for long periods of time. I recognize that failure to lie still during the surgery may result in an incomplete procedure due to the surgeon's inability to perform the procedure in a safe environment. I am certain that I am able to lie in one position for long periods of time to allow my surgeon to perform the surgery to the best of her abilities.



-I authorize my surgeon to perform any other procedures, which she may deem necessary or desirable in order to correct any unforeseen conditions encountered during surgery for the purpose indicated above. I understand that treatment of any unusual or serious complications requiring admission to a hospital is not covered by way of cost or charges quoted in connection with this eyelash hair transplant surgery. In addition, I have been made aware that such complications may require the service of additional physicians and none of these fees or charges are included.

-Postoperative depression is common after cosmetic surgery. Such depression is usually related to immediate postoperative discomfort, anxiety over a distorted appearance (swelling and bruising) and limitation of activities and socializing. As your appearance improves and you return to your usual daily activities, the feelings of depression should disappear.

-It is understood that the two sides of our bodies are different. While we usually want to make our two sides more alike, it is important to understand that it is not possible to make them exactly alike. The two sides of our bodies will always be asymmetrical to some varying degree.

-When we have cosmetic surgery, we want improvement in appearance and want to look as good as possible. Even after surgery, many individuals still desire to look better. This may be, even when the surgery has been successful. At times, because the appearance is improved with so little discomfort, the patient in turn wants more. Many patients desire to look better than is possible. Patient expectations may be greater than the doctor can realistically achieve. If further surgery is desired to look better, there will be additional charges. Though the patient may want more improvement, the surgeon may believe that risks outweigh the rewards to the patient. I understand that there will be additional charges for revision surgery or repair work.

-I am aware that the practice of medicine and surgery are not an exact science. I acknowledge that no guarantees have been made to me as to the results of the procedure. It is understood that the results of surgery are never perfect, my results and outcome cannot be like or compared to other hair transplantations, pictures, drawings, or any preconceived idea or goal.

-I consent and grant authority to Ocula Plastics, LLC to own, retain, preserve, or dispose of any tissues, specimens, parts or organs that are obtained from my body.

-I am aware that with any surgery there are various possible risks associated with the appearance of the final result, scarring that could possibly be disfiguring, formation of a hematoma, depletion of hair density at the extraction site, uneven hair distribution, surface irregularities such as grooves/depressions and bumps/ridges, skin death, sloughing or necrosis, cysts, ingrown hair and folliculitis at the graft site or donor areas as well as other unmentioned and unforeseen complications could potentially occur.

-Folliculitis occurs when the hair follicle becomes inflamed, this can occur with or without an infection. In all hair transplantation procedures, folliculitis or an ingrown hair may occur following surgery in the donor areas or recipient sites. This can possibly lead to redness, a small abscess formation, itching, pain, etc. I will notify the physician if this occurs. Folliculitis or ingrown hairs may resolve spontaneously, or may require oral and/or topical antibiotics. In some cases, topical steroids may be used and it is possible the physician may opt to treat surgically.

-In all hair transplantation, shock loss of pre-existing hair may occur in the recipient and/or donor areas. This is often temporary, but in some instances it may be permanent. Other causes of hair loss can progress in the same manner and may require additional treatment.



-I understand that every effort will be made to make my transplanted hair viable. Nonetheless, it is possible for the transplanted hair to show little or no growth. For this reason, I understand that growth following hair transplantation is not guaranteed. I understand that the texture and character of the growing transplanted hair tends to be different from the surrounding hair. This is particularly observed in the initial few months of hair growth. The differences could include but are not limited to curliness, shine or kinkiness. Although these differences tend to improve over time, the improvement may not be to my overall satisfaction.

-Risks and complications have been explained to me and I fully understand that eyelash/eyebrow hair transplantation is a cosmetic surgery and that there are other treatment options. These include doing nothing at all, treatment with medications and other forms of eyelash/eyebrow restoration and augmentation. These alternatives have been discussed and explained fully to my understanding. I understand that no guarantee has been offered with regards to my results.

-It is possible to develop white or lighter colored dots in places of hair extraction. This is in part mitigated by my natural healing characteristics. Any injury caused on the body has the potential of resulting in discoloration. White dots are typically insignificant and tend to improve over time, however, they can be cosmetically significant and not to my liking. I understand that this can occur in my surgery and accept this possibility.

-In addition to associated risks and complications, I understand that with body hair transplantation there are unknown variables to consider due to the novelty of this procedure. Variables including unpredictable growth, yield, and pattern, the development of small boils, infections, cysts, ingrown hairs, superficial skin inflammation and/or infections of the donor areas (cellulitis), deeper infections possibly including deeper structures and bones that could potentially be life threatening, extraction site scarring that may be disfiguring, and a possible reduction of body hair from the areas of extraction are possible following body hair transplantation. Additionally, I understand that increased or decreased pigmentation changes and redness experienced during healing may occur. These pigmentation changes may be temporary or permanent. It has been explained to me that body hair transplantation is an experimental procedure, therefore, the results cannot be guaranteed. It is possible for transplanted hair growth to be observed by 3 months, but it could possibly be 2 years before results are observed. I understand that there is a chance that growth may not occur at all. I am aware and accept that body hair transplantation may not work for me. I understand that even if the result of my body hair transplantation is to my satisfaction, the long-term outcome and longevity of my result is unknown to me.

-I fully understand that the procedure that I am consenting to is cosmetic in nature. All other treatment options, including doing nothing at all have been discussed with me and explained in detail.

-In all medical and surgical procedures performed on me by Ocula Plastics, LLC, I understand that some downtime may be involved. This may entail a period of time where I will be unable to return to work, attend social events or other matters. Although the duration may be short and predictable, it has been explained to me and I fully understand that the downtime may be unpredictable and not to my satisfaction.

-I understand that I will receive preoperative instructions prior to my scheduled date of surgery. I am aware that preoperative instructions and stipulated recommendations need to be strictly followed. I acknowledge that I will have sufficient time to read the instructions. Therefore, if I have any questions regarding the instructions and recommendations, I will notify the clinic immediately. I take responsibility for the consequences of not adhering to these instructions.



-I understand that Dr. Husain is in charge of the procedure, she performs the surgical planning, design and preparation of slits of my eyelash/eyebrow hair transplantation. I understand that the procedure involves her medical team including her assistant. Medical assistants will not perform surgical tasks.

-I understand that all reasonable attempts and resources available and deemed appropriate by the doctor will be made to avoid or reduce pain during and after my procedure. I recognize that various factors influence pain perception, each individual has varying degrees of pain thresholds and levels of response to pain medications and pain causing situations. I understand that although all efforts will be made to alleviate or avoid pain, no guarantee has been offered with regards to pain during and after my procedure.

-I agree to keep the doctor informed of any changes of my situation. I acknowledge that the instructions and recommendations outlined by my surgeon and her assistant must be followed to ensure the best possible surgical result. I will make and keep follow-up appointments, take medications and follow all instructions as prescribed. If it is not possible to follow these instructions, or they seem unclear to me, I will promptly discuss these matters with the doctor and her staff. I understand that failure to comply with follow-up appointments, instructions or to promptly report concerns to the doctor may lead to suboptimal outcomes.

- I have given a complete history of all previous surgery and hospitalizations, all previous physical and mental illness in writing on a separate form. This history includes all medications or drugs that I have previously taken, are currently taking, or to which I am allergic. In completing the patient information form provided to me before surgery or during consultation, I have answered all questions fully and truthfully and have not withheld any information. I recognize that failure to do so may compromise my level of care and overall results. I am 100% certain that I am not pregnant at this time, and there is no possibility that I could be pregnant at the time of my scheduled procedure.

I hereby certify that the nature, purpose, possible risks and complications of the procedures, medical services, and the risks versus the benefits to be expected have been explained to me. I understand the explanation I have received, including my right to refuse such treatment. All my questions associated with the risks, benefits and methods of treatment have been answered. The areas to be treated were adequately demonstrated to me. I certify that I have had an opportunity and adequate amount of time to read and fully understand the terms and words within the above consent to the explanation referred to or made. I also confirm I read and write English and that I am not under the influence of alcohol, drugs and medication, or any controlled substance. If I do not understand English, I have had the entire content of this consent read and translated to me in the language I understand.

Print Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

