

**Additional cost associated with surgery:** Laboratory, pathology, radiology, pharmacy, and other outside cost may be required in performance of your medical care related to surgery. Any specimen biopsy to remove during surgery may be sent to the pathologist for evaluation at the surgeon's discretion and all associated cost of the responsibility of the patient.

**Nicotine Risk Consent Form:**

Please Choose one of the following:

- NEVER a Smoker: I am currently a non-smoker and do not use nicotine products of any kind, and never had in the past.
- FORMER smoker or nicotine user: I am currently a non-smoker and do not use nicotine products of any kind. My quit date was: \_\_\_\_\_
- CURRENT smoker or nicotine user. I currently smoke or use nicotine products. The amount per week: \_\_\_\_\_

**Nicotine policy:** Smoking and the use of nicotine-containing products have been clearly associated with increased complications after surgery. Therefore, for patient safety, elective cosmetic surgery is not offered by Dr. Zachary T Young MD to persons who use tobacco or any nicotine containing products. This includes but is not limited to cigarettes, cigars, pipes, snuff, DIP, smokeless tobacco, E cigarettes, nicotine replacement substances such as chewing gum/patches (eg: Nicorette). All cosmetic surgery patients will be tested prior to surgery for nicotine with a blood or urine test at the surgeon's discretion. Any positive test, **even if from secondhand smoke**, will result in cancellation or rescheduling of surgery.

Even being in the presence of secondhand smoke can cause me to become nicotine positive and compromise my surgery and its outcome. The risks of smoking are reduced, but not eliminated over time. These risks include wound healing that may require long healing times and additional surgery. Therefore, unless otherwise specified in writing, no surgery will be performed on patients who are nicotine positive.

Cancellation and rescheduling policies will apply, as appropriate. 10% of surgical cost will be retained at a minimum for surgeries cancelled within to 2 weeks of surgical date due to nicotine related issues. Retention of surgeon fees, in addition, is at the discretion of the surgeon for any procedures cancelled the day of surgery up to the full balance of surgeon fee for positive nicotine tests. Please ensure that you will test negative for nicotine on the day of surgery! Nicotine test kits are available at drug stores. I understand a positive test the day of surgery will result in cancellation of surgery. If you believe that the test was falsely positive, you have the right to have a second test within 48 hours performed, in order to avoid monetary penalty. If I have had a surgery canceled due to positive nicotine tests that was not refuted by follow-up test, I will have to have a negative nicotine test before any future surgeries are scheduled and I will again be tested the day before surgery and that the day of surgery for any future procedures.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_