



MILLS

EYE + FACIAL SURGERY

David M. Mills MD, FACS  
Ophthalmologist +  
Facial Plastic Surgeon

+ Crestview  
182 E. Redstone  
Ste. A  
Crestview, FL 32539

+ Gulf Breeze  
1300 Shoreline Dr.  
Ste. 104  
Gulf Breeze, FL 32561

+ Pensacola  
9050 University Pkwy  
Pensacola, FL 32514

**OculoFacial Plastic, Reconstructive, and Cosmetic Surgery Consent Form**

1) I, \_\_\_\_\_, hereby authorize: a) David M. Mills, MD, FACS and/or whomever he may designate as his assistant(s), to perform upon myself the following operation(s): Scheduled Operation(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

2) I acknowledge that my doctor has explained this operation, procedure, test, service or treatment to me in terms that I understand.

3) In addition, my doctor has explained to me, to my satisfaction, the significant risks, benefits, alternatives (including no surgery), and risks of alternatives of the proposed operation or procedure, and the significant risks if I do not have this operation.

4) **RISKS INCLUDE, BUT ARE NOT LIMITED TO: Pain, bleeding, infection, blood clots, loss of vision/eye, blindness, loss of life, death, persistence/recurrence of lesions/symptoms, glaucoma, double vision, nerve damage, muscle damage, tearing, light sensitivity, risk of anesthesia, scarring, asymmetry, need for further surgery, allergic reaction, as well as risk of transfusion reactions and the transmission of infectious disease, including hepatitis and acquired immune deficiency syndrome from the administration of blood and/or blood components and others.**

a) **Bleeding** It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or antiinflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Nonprescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

b) **Infection** Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

c) **Scarring** 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. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

d) **Damage to deeper structures** Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of procedure performed. Injury to deeper structures may be temporary or permanent.

e) **Asymmetry** The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a procedure.

+ Ophthalmology  
+ OculoFacial  
Plastic Surgery  
+ Facial Cosmetic  
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- f) Surgical anesthesia** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- g) Nerve injury** Motor and sensory nerves may be injured during an operation. Weakness or loss of movements may occur after surgery. Nerve injuries may cause temporary or permanent loss of movements and feeling. Such injuries may improve over time. Injury to sensory nerves may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.
- h) Chronic pain** Chronic pain is a very rare complication after surgery. i) Skin disorders/skin cancer Skin disorders and skin cancer may occur independently of any procedure.
- j) Unsatisfactory result** There is the possibility of a poor result from the surgery. This would include risks such as unacceptable visible deformities, loss of movement, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.
- k) Allergic reactions** In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
- l) Hair loss** Hair loss may occur in where the skin was elevated during surgery. The occurrence of this is not predictable.
- m) Delayed healing** Wound disruption or delayed wound healing is possible. Some areas may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.
- i) Smokers have a greater risk of skin loss and wound healing complications.**
- n) Long term effects** Subsequent alterations in appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to surgery. Surgery does not arrest the aging process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of any operation.
- 5) ADDITIONAL SURGERY NECESSARY**
- a)** There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.
- 6) FINANCIAL RESPONSIBILITIES**
- a)** The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the



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surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary copayments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital daysurgery charges involved with revisionary surgery would also be your responsibility.

**7) DISCLAIMER**

- a) **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). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.
- b) **However, informed consent** documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.
- c) **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.
- d) **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.

**8) DISCONTINUING ANTICOAGULANTS**

- a) **You MUST get approval** from the prescribing doctor prior to stopping ANY medication and follow the prescribing doctor’s instructions for discontinuance.
- b) **In general**, when possible (after the approval of the prescribing doctor), we prefer you discontinue your anticoagulants according to the following guidelines:
  - i) **Aspirin / aspirin products** 30 days prior to your surgery
  - ii) **Plavix / Xarelto / Pradaxa** 5 days prior to your surgery
  - iii) **Coumadin / Warfin** 3 days prior to your surgery
  - iv) **Phentermine** (Diet Pills) Stop 14 Days prior to surgery
- c) If the prescribing doctor has NOT allowed you to discontinue any of the above, please call our office so we can inform your surgeon and make a note on your surgery information

**CONSENT FOR SURGERY/ PROCEDURE or TREATMENT**

**1) I hereby authorize David M. Mills, MD, FACS and any such assistant(s) as may be selected to perform the following procedure or treatment:**

- a) **Procedure(s)**
- 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



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- 3) I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve(s) risk and the possibility of complications, injury, and sometimes death.
- 4) I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- 5) I consent to the photographing or televising of 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) Further, I authorize the above physician and/or his agent(s) to preserve for scientific or educational purposes or for use as grafts in living persons, or to otherwise dispose of any organs, tissues, limbs or other body parts surgically removed in accordance with customary medical practice. I further relinquish any right in or to any tissue, organ or graft removed from my person.
- 9) I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
- 10) The above information has been explained to me in a way I understand and as completely as possible, to my satisfaction.
- 11) I understand that there are options available to the proposed treatment including the option to do nothing.
- 12) I accept the wellknown, common and uncommon risks of this procedure and I consent to the performance of the described procedure.

**I CONSENT TO THE TREATMENT OR PROCEDURE:**

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

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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