

# PATIENT CONTRACT



ANGELA KEEN, M.D.  
Plastic Surgery & Skin Care

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

## I AGREE TO

### Fully disclose to Dr. Keen all my prior surgeries and medical conditions.

- Attend all my post operative visits: *(Dr Keen may request additional follow up visits)*  
**1 week** \_\_\_\_\_ **1 month** \_\_\_\_\_ **3 months** \_\_\_\_\_ **6 months** \_\_\_\_\_ **1 year** \_\_\_\_\_
- Follow aftercare instructions.
- Attend my scheduled post operative photography session.
- Understand that all things are not possible in terms of my result.
- Request lab results if I have not received it within two weeks from the date of my procedure.
- Have a person stay with me for 24 hours after surgery.
- Have a person drive me as needed for a period of up to two weeks after surgery.

## I UNDERSTAND THAT

### There will be bruising, skin folds, redness, and lumps during the healing after surgery.

- The healing process is most intense during the first 3 days to 6 weeks after surgery.
- The healing process continues and the result changes for 12-18 months after surgery.
- Surgery is designed to improve but cannot completely reinvent the appearance of my tissues.
- The healing process affects the final result in ways that cannot always be predicted.
- If my surgical result can be improved with a revision, this will carry added costs.
- Medical problems as a result of my surgery, these may not be covered by my health insurance.
- Weight gain after surgery will negatively impact any result.
- Dr Keen is devoted to giving me the best possible care before, during, and after surgery.

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