There is extreme variation in the healing process among all patients. Due to the uncertain nature of healing, a patient may elect to have additional surgery performed to modify results of their original surgery for better results and increased patient satisfaction. As in all surgery, both the physician and patient must mutually agree that a revision procedure could further improve the initial results and that the benefit of such a revision would outweigh the risks.

* There will be a **minimum charge of $1,500** for the use of the facility, staffing, supplies, anesthesia and materials to perform revision surgery within the first year following your primary procedure.
* Additional fees may be appropriate and will be individually determined in consultation.

At no time will this agreement constitute an admission of guilt or responsibility.

No surgical procedures will be scheduled without receiving our predetermined fee.

This policy has been presented at the time of consultation in order to more fully inform patients and to limit uncertainty of possible charges in the future. We feel this is an extremely generous offering and consider it part and proof of our efforts to provide patients with the highest level of care.

**Examples:**

* Undesirable scarring
* Breast asymmetry
* Areolar shape
* Capsular contracture
* Dog ear formation
* Irregularity after liposuction
* Modification of the shape or position of the belly button
* Nasal irregularities
* Airway compromise

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patient Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSA Staff Member Signature Date