

CLARITY EYE GROUP
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Eyelid Blepharoplasty

Patient Name _____

In giving my consent for Eyelid Blepharoplasty I understand the following:

1. Blepharoplasty is a plastic surgery procedure in which excess amounts of skin and or fat are removed for the upper or lower lids to improve the appearance as well as functional vision in some cases.
2. Complications of this procedure include inability to close the eyelids, prolonged eye irritation requiring drops and ointment or second surgery, unsightly scars due to unusual scar formation, infection which in turn could leave scars, hemorrhages which could cause scar formation with possible loss of vision. Although this has been reported to be extremely rare.
3. There may be an under correction or over correction after the desired amount of skin is removed.
4. Scar formation varies with each individual and it is impossible to determine in advance whether there will be no visual scar or a moderately large scar.
5. Although this operation is felt to be relatively safe, no guarantee can be made in terms of success.
6. Other complications not mentioned could include sensitivity to local anesthesia.

In signing this, I am not relieving my doctor, in exercising due care and diligence in my behalf, but I am acknowledging the fact that there are some risks involved in the procedure which I accept, in the hope of obtaining improved function of my eyelids.

Patient signature _____ Date _____

Doctor signature _____

Witness _____

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