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**Video Breast Augmentation**

I and my care taker have personally reviewed the video of breast augmentation with the general and specific complications and alternatives for breast enhancement. I completely understand all of the presented information and have reviewed all of this material with my physician. All of my questions at this time have been answered.

**Name (Print):** \_\_\_\_\_

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

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