



ABSOLUTE
COSMETIC MEDICINE

FAT TRANSFER CONSENT FORM

WHAT IS FAT TRANSFER?

Fat transfer is a natural, long-lasting method of filling and supporting the face using your own fatty tissue. The fat cells are gently placed at varying depths beneath the skin, creating an overall appearance of fullness.

This method allows your own tissue to be sculpted in a realistic, three-dimensional fashion. Because the grafted fat cells become integrated with the existing depleted tissue it is very difficult to see or even feel the newly grafted cells, aside from the overall improvement detectable by photography.

As we age or experience major fluctuations in weight, the shape and elasticity of our tissue changes and this will eventually affect the quality of your result. Nothing is completely permanent but you can expect improvement that is usually long-lasting.

- Fees from \$1320 for first procedure (one area) _____
- \$660 for subsequent procedures "top ups" _____
- Single or multiple procedure _____
- Donor site(s) _____
- Scars - incision sites _____
- Anaesthesia and its complications _____
- Skin preparation _____
- Post-operative care _____
- Follow-up appointment _____
- Photos _____

COMPLICATIONS

- Pain _____
- Swelling 1-3 weeks _____
- Bruising - usually minor/haematoma _____
- Restricted activity 2-3 days _____
- Scars - small _____
- Final result - 4 weeks after last procedure _____
- Under-correction _____
- Over-correction (and weight gain) - less common _____
- The infrequent and unexpected _____
- Reabsorption of graft - 50% survival rate variable _____
- Complete reabsorption of graft - uncommon _____
- Necrosis of graft - uncommon _____

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- Discolouration of skin - uncommon _____
- Prolonged redness of incision site - uncommon _____
- Infection - uncommon _____
- Tattooing - rare _____
- Damage to nerves / surrounding structures - rare _____
- Irregularities and asymmetry - uncommon _____
- Perforation - rare _____

Pre- and post-operative photos will be taken of the treatment site for record-keeping purposes. I understand that these photos/ videos will be the property of the attending physician.

I DO /DO NOT agree to allow these pictures to be used for publication or teaching purposes. If I agree I understand that my identity will be kept confidential and protected.

Having discussed the reasonable expectations of fat transfer with me, and having had all my questions answered to my satisfaction, I authorise Dr Glenn Murray and assistants of his choice, to perform this procedure and any other procedure(s) that in their judgement may be necessary or advisable should unforeseen circumstances arise during surgery. I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee as to the results. I release Dr Murray and all of his associated staff from all liability and promise to follow all guidelines, immediately report any problems and discuss any grievances with Dr Murray.

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____

I certify that I have discussed all the above with the patient and have answered all questions regarding the procedure. I believe that the patient fully understands what I have explained and answered.

Surgeon signature: _____ Date: _____

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