



TAMPA BAY EYE
— & FACIAL AESTHETICS —

Publicity Materials

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by American Academy of Facial Esthetics AAFE, I understand that photographs and video may be taken of me for educational purposes and marketing materials. I hold the AAFE harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished product as well as advertising materials in conjunction with these photographs.

Initial _____

Patient acknowledges that the above has been explained and understood.

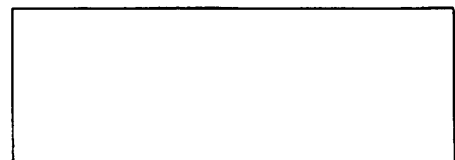
Patient Signature

Date

DRUG ALLERGIES: _____

PRESENT MEDICATION AND STRENGTH:

RESUME MEDICATIONS:



HISTORY & PHYSICAL FORM

Hospitalizations the past 6 months – Why? _____

Previous Major Surgeries and Year: _____

Do you have a Health Care Surrogate? (If yes, please list) _____

Do you have an Advance Directives? (If yes, please provide a copy for your chart) _____

I have read and understand the questionnaire and certify that the answers by me are correct to the best of my knowledge.

Patient Signature: _____ Phone: _____

Interviewer: _____ Date: _____

Reviewed by: _____ R.N. Date: _____

Doctor Signature: _____ M.D. Date: _____

***** TO BE COMPLETED BY ANESTHESIA *****

REVIEW OF SYSTEMS:

HEENT: _____ LUNGS: _____

HEART: _____ OTHER: _____

ANESTHESIA PRE-OP NOTE: _____

Risk and Procedure reviewed with patient: Yes _____ No _____

ANESTHESIA POST-OP NOTE: _____

Anesthesia Signature: _____ Date: _____



Name: _____ Date of Birth: _____ Age: _____

Procedure: _____ BP: _____ HR: _____ RR: _____ T: _____ Height: _____ Weight: _____

| HAVE YOU HAD OR STILL HAVE: | Yes | No | COMMENTS: | | Yes | No | COMMENTS: |
|---|-----|----|-----------|---|-----|----|-----------|
| * RESPIRATORY | | | | * CARDIAC | | | |
| Emphysema / COPD | | | | Coronary Artery Disease | | | |
| Do you use oxygen at home? | | | | Myocardial Infarction | | | |
| Continuous _____ | | | | Chest Pain / Angina | | | |
| Only at night _____ | | | | How Often _____ | | | |
| Asthma | | | | Arrhythmia | | | |
| Chronic Cough | | | | Pacemaker | | | |
| | | | | When Installed: _____ How Often Checked: _____ | | | |
| Shortness of Breath | | | | Hypertension | | | |
| Sleep Apnea | | | | Circulatory Problems | | | |
| CPAP | | | | * NEURO | | | |
| Tuberculosis | | | | Stroke | | | |
| Other: _____ | | | | Seizures | | | |
| Can you lie flat? | | | | Other: _____ | | | |
| Do you smoke | | | | * HEPATITIS | | | |
| Have you ever smoked | | | | Which Type _____ | | | |
| Packs per day _____ | | | | HIV | | | |
| How many years _____ | | | | LIVER DISEASE | | | |
| Date quit _____ | | | | THYROID PROBLEMS | | | |
| * ARTHRITIS | | | | * KIDNEY PROBLEMS | | | |
| Rheumatoid _____ | | | | Renal Failure _____ | | | |
| Osteo _____ | | | | Stage 2 ___ 3 ___ 4 ___ End Stage _____ | | | |
| BACK PROBLEMS | | | | Dialysis Schedule _____ Where is Shunt _____ | | | |
| * CANCER | | | | * BLOOD THINNERS | | | |
| Remission _____ | | | | Coumadin / Warfarin _____ Aspirin _____ Other _____ | | | |
| Being Treated _____ | | | | * DIABETES | | | |
| PROSTATE PROBLEMS | | | | Diet Controlled _____ Oral Medication _____ Insulin _____ Insulin Pump _____ | | | |
| UNUSUAL REACTION TO ANESTHESIA IN THE PAST | | | | (Since NPO, need to turn pump off the morning of surgery, unless other directions from their physician) | | | |
| COLD / FLU IN PAST 2 WEEKS | | | | * OTHER | | | |





NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES and

Acknowledgement of Patient Rights/Responsibilities, Acknowledgement of Disclosure of Ownership Interest and Acknowledgement of Notice of Privacy Practices.

Suncoast Eye Center requires the following notice be signed by each patient prior to scheduled procedure in order to be in compliance with the Self-Determination Act (PSDA) and Florida laws and rules regarding advance directives. Advance directives are statements that indicated the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury.

There are many types of advance directives, but the two most common forms are:

Living Wills:

These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decisions.

Durable Power of Attorney for Health Care:

This is a signed, dated and witnesses paper naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this issue with your physician or anesthetist prior to signing this form.

- I have read and fully understand the information in this release form
 - I **DO NOT** have a Living Will or durable Power of Attorney for Health Care (See FloridaHealthFinder.gov for information)
 - I **DO** have a Living Will or durable Power of Attorney for Health Care
 - Has been provided to the facility
 - Has NOT been provided to the facility
 - I have been given the opportunity to receive a copy of the patient Rights and Responsibilities for this Facility
 - I have been given the opportunity to receive a copy of the Disclosure of Ownership Interest for this facility
 - I hereby acknowledge that I have been given the opportunity to receive a copy of the Notice of Privacy Practices for this facility. I understand that if I have questions or complaints regarding my privacy rights that I may contact the appropriate person as outlined in the complaint section of the Notice of Privacy Practices.

I have read and fully understand the information presented in this release form.

Patient's Signature

Date and Time

Legal Guardian's Signature

Relationship to Patient

Suncoast Surgery Institute

PATIENTS RIGHTS AND RESPONSIBILITIES
ADVANCED DIRECTIVE POLILCY
NOTIFICATION OF PHYSICIAN OWNERS

Suncoast Eye Center, Eye Surgery Institute
14003 Lakeshore Blvd.
Hudson, FL 34667

We are required to provide you with the
following information both written and verbally
PRIOR to the date of your procedure.

Signature of Patient or Legal Representative

Date

- Vision changes such as double vision, vision loss, or in very rare cases, blindness.
- Anesthesia problems. Local anesthesia injections can damage the eye, area around the eye, or cause vision loss. General anesthesia has its own risks that you would discuss with an anesthesiology specialist.
- Every effort will be made to correct your eyelids to look symmetric and to achieve a beautiful aesthetic, with improved facial balance. However, no one has “perfect” facial symmetry before or after surgery. Your eyelids may not look or feel as perfect after surgery as you had hoped. There are no guarantees about how your eyes will look, how good your peripheral vision will be, or how you will feel after blepharoplasty surgery. This is because people differ in eyelid structure, response to surgery, how well they heal, and expectations about how surgery will help. Gradual improvement in minor issues usually occurs with continued healing over the first six months after blepharoplasty.
- You may need more treatment or surgery to take care of problems that happen after blepharoplasty. You may have to pay more since this extra treatment or surgery might not be included in the fee for blepharoplasty.

Consent. By signing below, you consent (agree) that:

- You read this informed consent form, or someone read it to you.
- You understand the information in this informed consent form.
- The ophthalmologist or staff answered your questions about blepharoplasty surgery.
- The ophthalmologist or staff offered you a copy of this informed consent form.
- You accept that blepharoplasty can change how your eyes or eyelids look.
- You understand that there may be additional costs if you need more surgery or other treatment.

Patient (or person authorized to sign for patient)

Date

anesthesia). Your ophthalmologist will discuss which type of anesthesia seems right for you, and an anesthesia specialist may be involved.

Many people find that blepharoplasty helps correct their eyelid problems. But how much it helps depends on factors that include your symptoms, eyelid structure, appearance, goals, and ability to adapt to changes. Here are some common ways that blepharoplasty can help:

- Improved peripheral vision (to the sides) and when looking up. You may be able to relax your forehead since you will not rely as much on those muscles to keep your eyes open.
- Many people feel that lid surgery helps them appear younger or less tired. But this is cosmetic surgery and some people are disappointed. Talk with your ophthalmologist about what you can expect from blepharoplasty.
- Blepharoplasty does not correct all vision problems. For instance, you will not be able to read printed words more clearly just because you had blepharoplasty. Talk with your ophthalmologist about other ways to improve vision such as with eyeglasses, contact lenses, cataract surgery, or LASIK surgery.

It is your choice whether to have blepharoplasty. Here are some other options:

- You may decide to do nothing. Excess skin, muscle, and fat around your eye will not go away, but might not bother you enough to do something about it.
- You may be able to have a different type of surgery that will lift your eyebrows. Talk with your ophthalmologist about other surgery options.
- There are other treatments and procedures to improve the appearance of lower eyelids. For instance, you could have Botox injections, filler injections, laser treatment, or a chemical peel. Talk with your ophthalmologist about these and other choices.

As with all surgery, there are risks (problems that can happen) with blepharoplasty. Here are some of the most common or serious:

- Bleeding, infection, or numbness. Temporary numbness of the eyelashes is common for the first month or two.
- Changes in how you look such as bruising, scarring, or asymmetric appearance (one side of your face not matching the other).
- Eye problems. These can include trouble closing your eyes (which can damage the cornea--the part of your eye where a contact lens sits), inability to wear contact lenses, tearing, or dry eye. Temporary dryness is common for the first few weeks.



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Upper Eyelid Blepharoplasty Consent Form

As you age, the skin and muscles of your eyelids and eyebrows may sag and droop. You may get a lump in the eyelid due to normal fat around your eye that begins to show under the skin. These changes can lead to other problems. For example:

- Excess skin on your upper eyelid can block your central vision (what you see in the middle when you look straight ahead) and your peripheral vision (what you see on the sides when you look straight ahead). Your forehead might get tired from trying to keep your eyelids open. The skin on your upper eyelid may get irritated.

Upper Blepharoplasty (eyelid surgery) can help correct these problems.

Patients often refer to this surgery as an "eyelid tuck" or "eyelid lift." Please know that the eyelid itself may not be lifted during this type of surgery, but instead the heaviness of the upper eyelids are usually improved by removing a small flap of excess tissue.

Ophthalmologists (eye surgeons) call this surgery "blepharoplasty." The ophthalmologist may remove or change the position of skin, muscle, and fat. Surgery will be on one or both upper eyelids. The ophthalmologist will put sutures (stitches) in your eyelid to close the incision (cut).

- For the upper lid, the doctor makes an incision in your eyelid's natural crease.

There are several options for anesthesia to make you comfortable during surgery. Blepharoplasty is sometimes done with just local anesthesia (medicine injected around your eye to numb the area). You may also be sedated (relaxed or put to sleep) with medicine from a needle in your arm or pills taken before surgery. Less commonly, or if eyelid surgery is combined with other surgery, you may be given a deeper type of anesthesia that makes you unconscious for the surgery (general