



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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RHINOPLASTY

You are considering an operation to change the external appearance of your nose. A rhinoplasty is defined as a surgical alteration of the external nose with tissue taken from elsewhere and/or plastic surgery to change the size and shape of the nose.

Infection and bleeding are the most likely complications of a rhinoplasty. It is possible that a perforation in the septum could result from this operation. Persistent nasal obstruction, nasal irritation, numbness, dryness and crusting can occur but are unlikely. Despite the best attempts to achieve desired result, the vagaries of healing may prevent optimal results. It usually takes months for complete healing. The appearance can subtly change and rarely revision surgeries may be needed.

I CERTIFY: I have read or had read to me the contents of this form. I understand the risks, benefits, alternative and possible complications involved in this procedure and fully agree to have this done.

1. This is a cosmetic procedure; therefore, we will not bill your insurance for this procedure, a separate cash fee will apply. Your patient liability portion for the medical part of your surgery will be billed to you after the surgery.
2. I also understand there are NO payment plans for this part of the procedure.
3. Payment, in full, for this part of your procedure is due ONE WEEK before your surgery date. If it is not received in our office the Rhinoplasty portion of your procedure will be cancelled and your surgery deposit for the functional part of your surgery will be due up front.
4. It is MY responsibility to call and make the payment one week BEFORE the scheduled date.

Patient/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Patient Account #: _____

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