Semone Rochlin D.O.
COSMETIC & RECONSTRUCTIVE SURGEON
BOARD CERTIFIED GENERAL SURGEON

POST PROCEDURE INSTRUCTION ACKNOWLEDGEMENT

I have been given post-procedure instructions for:

Procedure_____**Minimally Invasive Facelift**_____date_____

Procedure_____date_____

Procedure_____date_____

Procedure_____date_____

I acknowledge that I have read them and understand the post procedure instructions and Dr. Rochlin has answered all of my questions pertaining to the post-procedure instructions.

_____ _____/_____/_____
Patient Name (Print) Date

_____ _____/_____/_____
Patient Name (Sign) Date

_____ _____/_____/_____
Witness Date