

Timeless Health Solutions, Inc Revision Policy

Patient name:

DOB:

This document explains the practice policies with respect to revision procedures and additional treatment after initial cosmetic procedures including surgery. It is our hope that this information will enhance communications with patients and establish some mutually protective boundaries for the professional patient/physician relationship. Our goal is to prevent any potential misunderstandings from developing after procedures, regarding additional expenses and other aspects of care, should these issues develop. Fortunately, in our experience these situations are uncommon. Our foremost goals are patient safety and satisfaction while under our care.

Revision procedures are defined as those procedures performed after an initial surgery to enhance or correct the results obtained. It is a correction of the original procedure performed; not, the addition of procedure(s). An insignificant minority of patients require a revision of one type or another. This is a fact of life in every cosmetic surgeon's office. Any surgeon who indicates otherwise is not being entirely forthright with his/her patients. Fortunately, most revisions are of a minor nature and many can be done in the office facility under local anesthesia. A revision could range anywhere from minor office facility "touch-up" (most common) to an inpatient surgery requiring hospitalization (least common). For the purposes of this policy statement, the initial surgery is defined as the first procedure which Dr Tangchitnob performs on you, not an operation performed by another surgeon which requires modification.

Should an additional revision procedure be suggested as an option for the patient, Dr. Tangchitnob will waive customary surgeons' fees within **12 months** of the initial procedure performed. **The patient will be responsible for facility fees, supplies, and anesthesia charges.**

I have read and understand the revision policy for Timeless Health Solutions. No other promises or warranties have been made to me. I accept the terms and conditions of this revision policy

Patient or Person Authorized to Sign for Patient

Date

Witness