

NASSIF E. SOUEID, M.D.
7505 OSLER DRIVE, SUITE 204, TOWSON, MD 21204 ♦ 410-427-5555
WWW.ADVANCED PLASTIC SURGERY.COM

SMOKING POLICY

At Advanced Plastic Surgery, we strive each day to make our patient's healthcare experience the best it can be. Your health and well-being is very important to us; for that reason, **SMOKING IS ABSOLUTELY PROHIBITED BOTH BEFORE AND AFTER SURGERY.** Smoking can cause delayed wound healing, death of skin or tissue and increased risk of infection. Please also be aware that second-hand smoke (other people smoking in your home) can cause the same problems.

Any patient with a history of smoking will be given a urine test at their pre-operative appointment and the day of surgery to verify that they are smoke free. **PATIENTS WHO FAIL TO STOP SMOKING WILL HAVE THEIR PROCEDURE CANCELLED AND WILL FORFEIT THEIR SURGERY DEPOSIT (\$500.00).**

Our policies may appear to be quite strict, but your health and well-being is very important to us. We want your recovery after enhancing your appearance to be smooth and uneventful. We very much appreciate your cooperation and understanding.

Please do not hesitate to call us at any time if you have any questions or require additional information. Thank you for choosing us to provide your plastic surgery care. We are committed to providing you with the optimal cosmetic surgery experience.

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SMOKING RISK ACKNOWLEDGMENT

____ I have advised my physician if I currently smoke or have been a smoker in the past.

____ I understand that I may not smoke two (2) weeks before my procedure and four (4) weeks after my procedure.

____ I understand that exposure to second-hand smoke is as harmful to me as if I smoked myself.

____ I understand that smoking two (2) weeks prior to surgery greatly increases the risk of postoperative complications. Possible complications include:

- Blood clots
- Death of skin or tissue requiring additional surgery
- Delayed wound healing
- Unfavorable scars
- Increased risk of infection

____ I understand that I will be tested for cotinine, a by-product of nicotine, and my pre-operative visit approximately two (2) weeks before my surgery. I understand my surgery will be rescheduled for a positive test.

____ I understand that I will be tested for cotinine, a by-product of nicotine, the morning of my surgery. A positive test will cause the cancellation of my surgery and forfeiture of 50% of my surgeon's fees.

____ I understand that I will be tested for cotinine, during the first four (4) weeks of my postoperative recovery. I also understand that I may be tested beyond four (4) weeks if my condition requires it.

Patient

Date

Physician

Date

Witness

Date