

## **ACKNOWLEDGMENT OF INFORMED DECISION**

I understand that this patient brochure, "Important Information for Augmentation Patients About Mentor MemoryGel Silicone Gel-filled Breast Implants," is intended to provide the information regarding the risks and benefits of silicone gel-filled breast implants, both general and specific to Mentor's MemoryGel products. I understand that silicone breast implant surgery involves risks and benefits, as described in this brochure. I also understand that the long-term (i.e. 10-year) safety and effectiveness of silicone gel-filled breast implants continue to be studied. I understand that reading and fully understanding this brochure is required, but that there also must be consultation with my surgeon.

By circling the correct response and signing below, I acknowledge:

**Y N** I have had adequate time to read and fully understand this brochure;

**Y N** I have had an opportunity to ask my surgeon any questions I may have about this  
This brochure or any other issues related to breast implants or breast implant surgery

**Y N** I have considered the alternatives to silicone breast implants and have decided to  
Proceed with silicone breast implant surgery.

**Y N** I have been advised to wait at least 1-2 weeks after reviewing and considering  
This information, before scheduling my silicone breast implant surgery; and

**Y N** I will retain this brochure, and I am aware that I may also ask my surgeon for a  
Copy of this signed acknowledgment.

\_\_\_\_\_  
PATIENT (PRINT NAME)

\_\_\_\_\_  
SIGNATURE OF PATIENT\*

\_\_\_\_\_  
DATE

\*A patient must be at least 22 years old for primary and revision breast augmentation with silicone breast implants.

By my signature below, I acknowledge that:

\*My patient has been given an opportunity to ask any and all questions related to  
this brochure, or any other issues or concerns;

\*All questions outlined above have been answered "Yes" by my patient;

\*My patient has had a waiting period of at least 1-2 weeks before making her  
her final decision; and

\*Documentation of this Informed Decision will be retained in my patient's  
permanent record.

\_\_\_\_\_  
SIGNATURE OF SURGEON

\_\_\_\_\_  
DATE