



COSMETIC PROCEDURE ACKNOWLEDGEMENT

The procedure/surgery for which you are consulting with Dr. Atalla is only performed as a cosmetic service; because of this, consultations are complimentary and a cost estimate will be given to you. Cosmetic surgery estimates include Dr. Atalla’s fee, hospital, and anesthesia fees combined into one quote. If implants, garments, or a surgical assistant is required, that will be combined as well.

You acknowledge by signing this consent that the procedure/surgery for which you are consulting is cosmetic and that you understand this office will not file any charges to your insurance company.

Please be advised that should you choose to submit anything to your insurance company, we are unable to accept any payment through our office. Any payment will have to be sent to you directly.

I have read the above information and understand it.

patient name _____ date _____

patient signature _____ email _____

witnessed by _____

