Blepharoplasty

PATIENT INFO PACKET

Patient Info

Consent Forms

What to Expect

Photo Permission

Our Location

middle tn eye

Alissa Hudson, MD

Patient Info

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Alissa Hudson, MD

PATIENT INFO:

Last Name: _____ First Name: _____ MI: ___ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: ○ if same as above

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____-_____ Cell #: (____) _____-_____ ○ allow text appointment reminders

Email Address: _____ ○ allow email appointment reminders

SSN: _____ DOB: ___ /___ /_____ Age: _____ Sex: ○ Female ○ Male

Employer/School: _____ Occupation: _____

Marital Status: ○ Single ○ Married ○ Divorced ○ Widowed

Spouse Name: _____ Emergency Contact: _____

Relationship: _____ Phone #: (____) _____-_____

INSURANCE INFORMATION:

Primary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ___ /___ /_____

Secondary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ___ /___ /_____

Do you have a Living Will?: ○ Yes ○ No

Insurance: (Please see back of Registration form for more DETAILS) You agree to pay any portion of the charges not covered by insurance. **If your Insurance Company requires a referral and/or preauthorization, you are responsible for obtaining it.** Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company. A copy of any new insurance cards must be given at the beginning of that visit.

Required Payments at Time of Service: Any co-payments, co-insurance, deductibles and other services that are not covered by insurance. **CHECKS written will be deposited promptly.**

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I _____ **(please print name)** have fully read and understand the HIPAA Compliance and the Financial Policy of Middle Tennessee Eye Associates of Cookeville. I hereby request any benefits on my behalf be paid to the physician(s). I also authorize the release of any information acquired in the course of my treatment to my insurance company as needed to issue benefits. I authorize the physician(s) to administer such treatment as they may deem advisable for my diagnosis and treatment. I certify that I have been made aware of the role and services offered by the physician and physician's associates and I consent to receive such care by these providers. I understand that these services are voluntary and I have the right to refuse these services.

I also request that payment of authorized Primary, Secondary, Tertiary, or Medigap (Medicare supplement) insurance benefits be made on my behalf to the provider(s) for any services furnished to me by that provider(s). I authorize any holder of medical information about me to release pertinent information to Primary, Secondary, Tertiary, or Medigap insurances to determine these benefits payable for related services.

Patient Signature: _____ Date: _____

MTEA Associate: _____ Date: _____

Informed Consent

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Informed Consent for Blepharoplasty

WHAT CAN CAUSE THE NEED FOR EYELID SURGERY?

With age, the skin and muscles of the eyelid can sag and droop. In addition, the fat that surrounds and cushions the eyeball can bulge forward through the skin of the upper and lower lids. Excess skin, muscle, and fat can weigh down the upper lid and in some cases block your vision. This can lead to fatigue, eyestrain, skin irritation, and loss of peripheral vision. Excess skin, muscle, and fat also create what many feel is an unattractive, aged appearance.

WHAT IS BLEPHAROPLASTY?

A blepharoplasty is the removal or repositioning of skin, muscle, and fat of the upper lids. In the upper lid, the incision is made and hidden in the natural lid crease.

HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?

The results of blepharoplasty depend upon each patient's symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Blepharoplasty only corrects vision loss due to excess skin, muscle and fat that blocks the eye. By removing this excess skin, muscle, and fat that blocks the eye, blepharoplasty of the upper lids may allow more light in and improve your peripheral vision. Blepharoplasty does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye.

Because excess skin, muscle, and fat are consequences of aging, most patients feel that blepharoplasty improves their appearance and makes them feel more youthful. Some patients, however, have unrealistic expectations about how changes in appearance will impact their lives. Others may have difficulty adjusting to changes to their appearance. Carefully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery.

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Informed Consent for Blepharoplasty

WHAT ARE THE MAJOR RISKS?

Risks of blepharoplasty include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, difficulty closing the eyes (which may cause damage to the underlying corneal surface), double vision, tearing or dry eye problems, inability to wear contact lenses, numbness and/or tingling near the eye or on the face, and, in rare cases, loss of vision. You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery. Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result.

WHAT ARE THE ALTERNATIVES?

You may be willing to live with the symptoms and appearance of extra skin, muscle, and fat around your eyes and decide not to have surgery on your lids at this time. In some cases the appearance of excess skin and fat in the lower lids can be improved with skin resurfacing (using lasers, dermabrasion, or chemical peels) and/or injectable fillers.

WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE THE MAJOR RISKS?

Most blepharoplasties are done with "local" anesthesia, that is, injections around the eye to numb the area. You may also receive sedation from a needle placed into a vein in your arm or pills taken before surgery. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

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PATIENT'S ACCEPTANCE OF RISKS

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there are additional costs associated with more treatment. By signing below, I agree that my physician has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of blepharoplasty, and the costs associated with this surgery and future treatment, and that I feel I will be able to accept changes in my appearance .

I consent to blepharoplasty surgery on:

○ **Both Upper Lids** ○ **Both Lower Lids** ○ **Both Upper & Lower Lids** ○ **Other**

Patient Signature: _____ Date: _____

MTEA Associate: _____ Date: _____

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What to Expect

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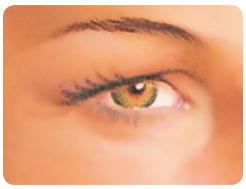
WHAT HAPPENS DURING AN EYELID SURGERY?

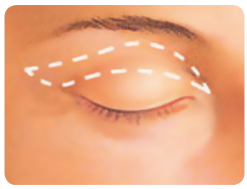
Step 1 – Anesthesia

Dr. Hudson will recommend the best medications for your comfort during the eyelid surgery procedure.

Step 2 – The Incision

The incision lines for eyelid surgery are designed for scars to be well concealed within the natural structures of the eyelid region. Droopy conditions of the upper eyelid can be corrected through an incision within the natural crease of the upper eyelid allowing repositioning of fat deposits, tightening of muscles and tissue, and/or removal of excess skin.





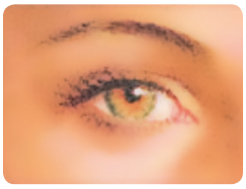
Step 3 – Closing the Incisions

Eyelid incisions typically are closed with:

- Removable or absorbable sutures
- Skin adhesives

Step 4 – See the Results

The results of eyelid surgery will appear gradually as swelling and bruising subside to reveal a smooth, better-defined eyelid and surrounding region, and an alert and rejuvenated appearance.



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Surgical Notes

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INFO:

Patient Name: _____

Operation: _____

Date of Birth: _____

Date of Procedure: _____

Pre-Op Diagnosis: _____

Post-Op Diagnosis: _____

NOTES:

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Photo Permission

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Dr. Alissa Hudson and the staff at Middle Tennessee Eye Associates are excited you chose us for this life changing experience. We will document your surgery with a photo. Sometimes these photos are used in advertisements. We often use television, internet, and print ads to advertise this practice. To agree to have your image used sign below. If you decline the use of your image sign the appropriate line below. You can also like us on Facebook and tell people about your experience.

Thank you,

Donna Kernell, CoA OSC

Donna Kernell, CoA, OSC

Surgical Coordinator

I Agree: _____ Date: _____

I Decline: _____ Date: _____

Signature: _____ Date: _____

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Location

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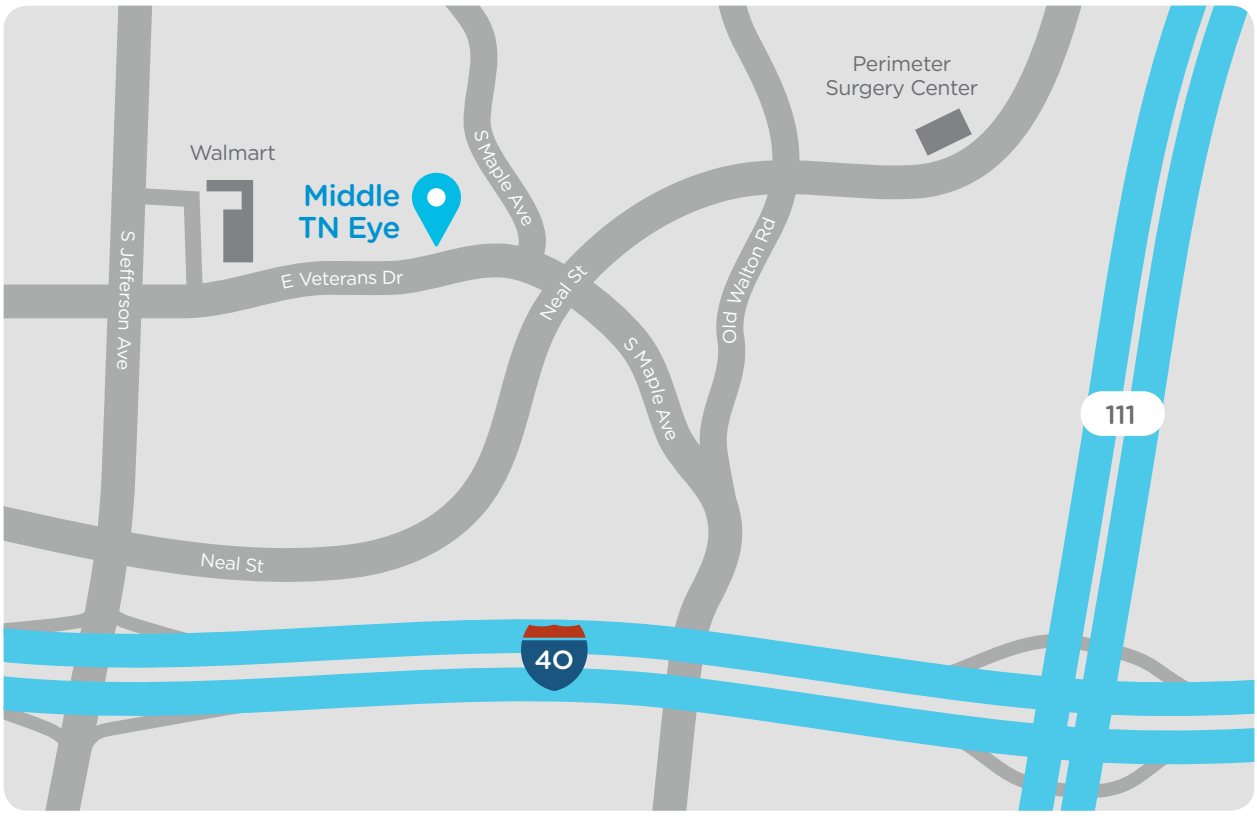

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