DISPOSITIFS MÉDICAUX IMPLANTABLES STÉRILES

Consent to implant silicone gel-filled breast implants

The Implantation with Breast Implants concerns augmentation or reconstruction surgery. Your surgeon has considered you for a surgical procedure and you have chosen to have a silicone gel pre-filled breast prosthesis.
The PIP Company has decided to inform you, through your surgeon by the pre-operative discussion, of the risks of such a surgery procedure before the final deciding of the date for surgery.
The information provided with this note are addressed to you in order to give you further information and allow you a better understanding with your surgeon. Better informed, you will be better prepared for assessing the benefits, the risks and the post- operation constraints before finally committing.

Patient details

Name		Date of birth	
Address			
Previous implant(s) ?	Yes ☐ No ☐	Type	
Implant date		Type	
Surgeon name		Institution name	
Institution address			
Reason for implant (s)			

I have read and believe that I understand all the information presented to me including the information provided by Poly Implants Prothèses : "Considering the use of silicone breast implants" on risks and benefits of silicone gel-filled breast implants.

I have had an opportunity to ask questions of Dr ..... and all my questions have been answered to my complete satisfaction.
I understand that the procedure my doctor and I have chosen will be performed using a silicone gel-filled breast implant(s). I also understand that periodic medical checkups are required and that the implants have a limited lifespan.

I have received a copy of the Poly Implants Prothèses "Considering the use of silicone breast implants" booklet and other information regarding my implants on ..... (date).
I understand that my name and address and information about my implant(s) will be kept on an implant register. I will keep the surgeon informed by mail of any change in my name and address.
After carefully considering all these factors through a three week cool off period, I consent to the use of silicone-gel filled breast implant(s).

.....	.....	.....
Patient signature	Witness signature	Surgeon/Physician signature

I also understand that, in addition to this form, I must sign a separate consent form for the surgical procedure.

If the intended surgical procedure is for the replacement of an existing breast implant, please complete a problem reporting form and send to the Chief Clinical Advisor, Medical Devices, Therapeutic Goods Administration, PO Box, 100, Woden ACT 2606.

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