



Cosmetic Surgery

Body Chart Template

• Patient information

Full name: _____ Date of birth: _____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

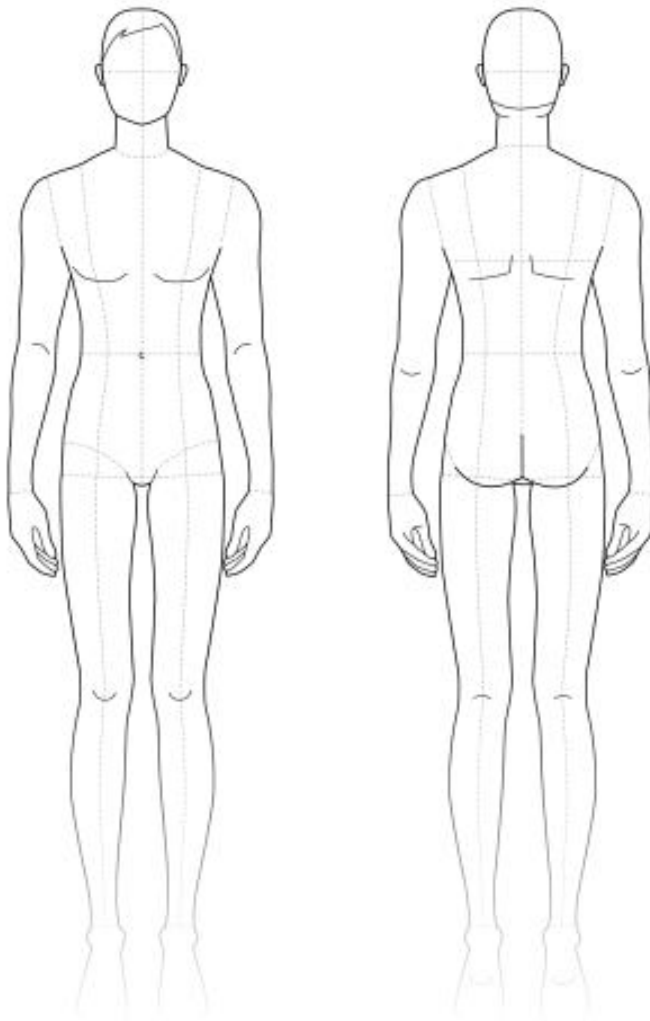
Address: _____

Phone Number: _____ Email: _____

Emergency contact: _____

• Visual Body Diagram

The body diagram will depend on the body part being treated. For the sake of clarity, we include a full-body chart below.



• Procedure Details

1. Type of cosmetic procedure:

- ☐ Breast augmentation or enlargement (augmentation mammoplasty)
- ☐ Body contouring after major weight loss
- ☐ Breast implant removals
- ☐ Breast reduction
- ☐ Breast reconstruction surgery after mastectomy
- ☐ Breast lift (mastopexy) with or without the placement of an implant
- ☐ Buttock lift
- ☐ Chin, cheek, or jaw reshaping (facial implants or soft tissue augmentation)
- ☐ Dermabrasion
- ☐ Eyelid lift (blepharoplasty)
- ☐ Facelift (rhytidectomy)
- ☐ Necklift
- ☐ Forehead lift
- ☐ Gynecomastia
- ☐ Hair replacement or transplantation
- ☐ Lip augmentation
- ☐ Liposuction (lipoplasty)
- ☐ Lower body lift
- ☐ Nose reshaping (rhinoplasty)
- ☐ Thigh lift
- ☐ Tummy tuck (abdominoplasty)
- ☐ Upper arm lift (brachioplasty)
- ☐ Cellulite treatment

- ☐ Plumping, or collagen or fat injections (facial rejuvenation)
- ☐ Laser skin resurfacing
- ☐ Laser treatment of leg veins
- ☐ Vaginal rejuvenation

2. Techniques Used

Add the technique and method used in the procedure: _____

3. Preparatory Steps

List any steps the patient should take before the procedure. E.g., No eating before 12 hours: _____

4. Patient-Specific Approaches

Add any specific approaches tailored to the patient's goal: _____

• Before and After Sections

• Pre-Operative Photos:

(Attach pre-operative photo here)

• Post-Operative Photos:

(Attach post-operative photo here)

• Medical History Indicators

Known Allergies: _____

Pre-existing Conditions: _____

Prior Surgeries: _____

Medications: _____

Special Considerations: _____

• Notes/Observations

• Consent and Signature

My signature below confirms that:

1. I have been informed and fully understand that this cosmetic surgery procedure involves altering body structures to achieve desired aesthetic results.
2. I acknowledge that there are risks associated with this procedure, some of which may require hospitalization or extended outpatient care. I understand these risks include but are not limited to:
 - Post-treatment discomfort, swelling, redness, and bruising
 - Scarring at the incision sites
 - Risk of infection (bacterial or fungal) requiring further treatment
 - Allergic reaction to anesthesia or medications
 - Temporary or permanent changes in sensation, such as numbness or tingling
 - Potential asymmetry or unexpected aesthetic outcomes
 - Blood clots or other complications related to surgery and anesthesia
 - Delayed healing or complications that may prolong recovery time
3. I understand that all information on this form has been explained to me, and I agree to the statements made above.
4. I give permission and consent to the performance of this cosmetic surgery procedure by [Surgeon's Name] and the medical team at [Clinic Name].
5. I acknowledge that no guarantees have been made regarding the specific results or outcomes of this procedure.
6. I confirm that my questions have been answered satisfactorily, and I am fully aware of the potential risks and expected outcomes.
7. I understand that I have the right to discontinue the procedure at any time.
8. I authorize the taking of clinical photographs and videos for scientific, educational, and marketing purposes, including in publications and presentations, while ensuring my privacy and confidentiality.
9. I release [Surgeon's Name] and all medical staff at [Clinic Name] from any liabilities for complications or damages that may arise in connection with my cosmetic surgery procedure.

Disclaimer: The Consent section included in this template serves just as an example.
You should always consult legal counsel to help you create one in accordance with your practice needs.

• Signatures

Patient signature: _____

Date: _____

Practitioner signature: _____

Date: _____

