



ST. CROIX PLASTIC SURGERY & MEDISPA
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**St. Croix Plastic Surgery & MediSpa
SMOKING RISK ACKNOWLEDGEMENT**

_____ I have advised my physician if I currently smoke or have been a smoker in the past.

_____ I understand that I **may not** smoke two (2) weeks before my procedure and four (4) weeks after my procedure.

_____ I understand that exposure to second-hand smoke is as harmful to me as if I smoked myself.

_____ I understand that the use of nicotine patches or gum in smoking cessation is the same as continuing to smoke.

_____ I understand that smoking (2) weeks prior to surgery and four (4) weeks after surgery greatly increases the risk of postoperative complications. Possible complications include:

- o Blood Clots
- o Death of skin or tissue requiring additional surgery
- o Delayed wound healing
- o Unfavorable Scars
- o Increased Risk of Infection

_____ I understand that I will be tested for cotinine, a by-product of nicotine, at my pre-operative visit approximately two (2) weeks before my surgery. I understand my surgery will be rescheduled for a positive test.

_____ I understand that I will be tested for cotinine, a by-product of nicotine, the morning of my surgery. A positive test will cause the cancellation of my surgery and forfeiture of 50% of my surgeon's fees

_____ I understand that I will be tested for cotinine, during the first four (4) weeks of my postoperative recovery. I also understand that I may be tested beyond four (4) weeks if my condition requires it.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____