



OPTIMIZING SURGICAL OUTCOME AGREEMENT

The professionals and staff at MoZaic Care pride ourselves in making patient safety our top priority. As such, it is important to notify us of any nicotine use (includes chewing tobacco, nicotine gum, etc) AND/OR inhalational (smoking) product use of any kind (includes cigarettes, nicotine free cigarettes, cigars, vaping, marijuana, etc). Such activities can severely compromise patient care as it increases risks of perioperative complications. We ask patients to honestly notify us regarding usage of such products so that we can optimize surgical results.

There are also prescription and illicit drugs that can compromise wound healing. Common examples include steroid use for inflammatory disorders (examples: Prednisone for asthma) or Accutane (Isoretinoin) for acne. There are other medications that may negatively affect healing, and a complete and thorough medication list will help us identify these drugs and act accordingly.

This form is therefore required to ensure compliance with common safety practices.

I understand that I am welcome to receive treatment at MoZaic Care as long as I agree to the following:

1. Update MoZaic Care on any changes in my medical or surgical history.
2. Notify MoZaic Care on any use of nicotine or inhalational product use.
3. Notify MoZaic Care on any use of new or continued illicit drug use.

Failure to comply with the above will result in surgery cancellation, rescheduling, or denial.

By signing below, you agree to abide by the policies outlined above.

Patient Signature: Date:

Patient Name: Date of Birth: / /