



**Hogan Health Care, P.C.**  
**Hogan Advanced Liposuction Center**  
**Tobacco Smokers and Social Drugs Consent**

I understand that tobacco smoking increases health risks. Dr. Hogan and staff have advised me to stop smoking and, if that is not possible, to drastically reduce the amount of my smoking, and to discontinue all smoking for two weeks before and two weeks after my surgery.

It has been explained to me that there is decreased circulation secondary to smoking of tobacco and/or marijuana and that this can cause a delay in wound healing as well as skin breakdown, skin loss and scarring.

As a smoker, I understand that the surgery will have to be more conservative and less aggressive than usual to try to avoid these complications, which may still occur, despite the doctor's best efforts to avoid them.

This has been fully explained to me and I relieve Dr. Hogan from any responsibility related to the increased risks from my smoking habits.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I am a non-smoker of tobacco.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I do not use social drugs.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Initial when copy is given to patient: \_\_\_\_\_

initial when copy is placed in chart: \_\_\_\_\_