

## Acknowledgement of Informed Decision

For a complete review of the benefits and risks of breast implant surgery, please read the appropriate *Patient Educational Brochure, Breast Augmentation with Sientra Silicone Gel Breast Implants* or *Breast Reconstruction with Sientra Silicone Gel Breast Implants*, available from your surgeon and posted on [www.sientra.com](http://www.sientra.com).

I understand that this patient brochure provided by Sientra is intended to provide information regarding the benefits and risks of silicone gel breast implants. I understand that some of this information is about breast implants in general and some is specific to Sientra's Implants. I understand that choosing to have augmentation breast surgery with implants involves both benefits and risks. I also understand that scientists and doctors have not been able to identify or quantify all of the risks of breast augmentation with implants and that, over time, additional information may become available.

I have had adequate time to review and understand the information in this brochure and my questions and concerns have been addressed by my doctor. I have considered alternatives to augmentation surgery, including the use of external prostheses or surgery with saline-filled breast implants, and I am choosing to proceed with silicone gel-filled breast implant surgery.

**By circling my response for each statement below and signing below, I acknowledge that:**

- Y N I have had adequate time to read and fully understand the information in this brochure,
- Y N I have had an opportunity to discuss this Information with my surgeon and to ask any questions I may have,
- Y N I have carefully considered options other than augmentation surgery with breast implants and have decided to proceed with silicone breast implant surgery,
- Y N I have been advised to wait an adequate amount of time after reviewing and considering this information before scheduling my silicone breast implant surgery,
- Y N I understand that, in order to activate Sientra's Limited Warranty, I must participate in Sientra's Device Tracking program, and
- Y N I will retain this brochure, and I am aware that I may also ask my surgeon for a copy of this signed acknowledgement.

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Patient Name (Printed)

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Patient Signature\*

Date

\* A patient must be at least 22 years old for primary and revision breast augmentation with silicone breast implants.

**By my signature below, I acknowledge that:**

- My patient has been given an opportunity to ask any and all questions related to this brochure, or any other issues of concern;
- All questions outlined above have been answered "Yes" by my patient;
- My patient has had an adequate amount of time before making her final decision, unless an earlier surgery was deemed medically necessary, and
- This *Acknowledgment of Informed Decision* will be retained in my patient's permanent record.

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Implanting Surgeon Name (Printed)

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Implanting Surgeon Signature

Date