

CHARLES
WONG D.O.

HAND SURGERY

SMOKING / TOBACCO / NICOTINE WAIVER

1- I understand that tobacco use in the form of, but not limited to, cigarettes, pipe, chew, snuff, hookah, etc.. may be hazardous to my health.

2- I understand that any tobacco or nicotine use may result in an increased risk of surgical complications such as, but not limited to, infection, delayed wound healing, failure of surgical repair, loss of extremity, and even death.

3- I understand that the above complications may occur with exposure to second hand smoke.

4- I understand that the above complications may require further operative procedures be undertaken, which may result in, but not be limited to, an increased duration of pain, an increased time off of work, an increased time spent away from home, and an increase in medical bills / costs incurred.

5- I understand that any tobacco or nicotine use while under the medical care of Dr. Charles Wong is proceeding against his medical advice.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____