



## Nicotine Informed Consent

I have been informed and understand that the use of tobacco products including smoking, patches, gum containing nicotine, and second-hand smoke has a negative impact on my health. The effect of nicotine can lead to surgical problems including but not limited to poor or delayed wound healing, greater risk of skin or flap loss, and greater risk of infection.

It has been explained to me that as long as the habit continues, it may limit the success of my treatment. I understand the negative effect of nicotine use and accept the responsibility.

Patient name:

Patient date of birth:

Date: **June 2, 2011**

Patient signature: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: **June 2, 2011**