

Bradley K. Becker, D.O., P.L.L.C

Cosmetic Surgery, Plastic & Reconstructive Surgery

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IMPLANT REMOVAL AND DISPOSAL FORM

Date: _____

I, _____, DOB: _____, consent the removal
Of my implants.

The reason for this procedure is: _____ and will be performed by Bradley
Becker, D.O., P.L.L.C. and his designated assistant(s).

I understand that after removing the implants, they are cleaned but not sterilized. _____
(Initial)

I understand that no matter what kind of material the implant is made of or where it existed
inside the body, all implants, once extracted, are treated as medical waste and are considered
a biological hazard. They contain blood or other bodily fluids and matter; they must never be
disposed of with municipal trash. _____
(Initial)

I understand, I am solely responsible for the disposal of the implants in safe way. _____
(Initial)

I understand that Dr. Bradley Becker and/or Surgical Center are no longer liable for these
implants after removal. _____
(Initial)

Signature of Patient

Date