

**Copy 1 (to be kept by the patient)**

DECLARATION

- I have read the information in this booklet about the use of breast implants. I understand and accept that it is possible that other side effects may come to light in the future.
- I have read the information about product liability and have had an opportunity to discuss it with a lawyer, if I so choose.
- I recognise that the use of breast implants is not endorsed by the New Zealand Government, whether through the Ministry of Health or otherwise, and that the safety of such implants cannot be confirmed.
- I agree that the information in this booklet has been explained to me to my satisfaction by my surgeon and that I have had an opportunity to discuss any concerns with others. (These could include your legal adviser, general practitioner or counsellor.)
- I understand that the Ministry of Health requests that the surgeon carrying out the operation keeps a register of the names and addresses of women who receive breast implants and details of the implant(s) fitted.
- I understand that the presence of my name on this register authorises my surgeon to contact me by mail with significant new information which may arise about the safety of my implant(s).
- I understand that if I agree to my details being recorded on the register it will be my responsibility to provide updates of any changes to my name or address.
- I agree to the inclusion of my name on the implant register maintained by my surgeon.

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*Patient's signature*

---

*Witness*

---

*Date*

**Copy 1 (to be kept by the patient)**

BREAST IMPLANTS

REGISTER ENTRY

Name and address of patient \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Patient's left*

*Patient's right*

Brand name and type of implant \_\_\_\_\_

Lot number \_\_\_\_\_

Volume/size \_\_\_\_\_

Date inserted \_\_\_\_\_

Hospital (postal address) \_\_\_\_\_

Surgeon's name \_\_\_\_\_

Patient's signature \_\_\_\_\_

Date \_\_\_\_\_

**Copy 2 (to be kept by the surgeon)**

DECLARATION

- I have read the information in this booklet about the use of breast implants. I understand and accept that it is possible that other side effects may come to light in the future.
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- I agree that the information in this booklet has been explained to me to my satisfaction by my surgeon and that I have had an opportunity to discuss any concerns with others. (These could include your legal adviser, general practitioner or counsellor.)
- I understand that the Ministry of Health requests that the surgeon carrying out the operation keeps a register of the names and addresses of women who receive breast implants and details of the implant(s) fitted.
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- I agree to the inclusion of my name on the implant register maintained by my surgeon.

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*Patient's signature*

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*Witness*

---

*Date*

**Copy 2 (to be kept by the surgeon)**

BREAST IMPLANTS

REGISTER ENTRY

Name and address of patient \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Patient's left*

*Patient's right*

Brand name and type of implant \_\_\_\_\_

Lot number \_\_\_\_\_

Volume/size \_\_\_\_\_

Date inserted \_\_\_\_\_

Hospital (postal address) \_\_\_\_\_

Surgeon's name \_\_\_\_\_

Patient's signature \_\_\_\_\_

Date \_\_\_\_\_