

Smoking Policy
Aesthetic and Reconstructive Plastic Surgery
Rajiv Sood, M.D., F.A.C.S.
(317) 880-6825

1. I am aware that Dr. Sood has recommended that I quit smoking 2 months prior to my procedure. This includes cigarettes, cigars, pipes, smokeless tobacco, smoking cessation aids (including, but not limited to, nicotine gum, patches, lozenges, nasal sprays), electronic (smokeless) cigarettes and/or other tobacco and nicotine products.
2. I am aware that not only preoperative, but also postoperative smoking is dangerous; as nicotine causes reduced capillary flow to the skin. Even minimal nicotine exposure can cause skin loss at the surgical site, which leads to delayed healing and superficial scarring, among other complications. This includes second and third hand smoke.
3. I hereby give permission to be tested preoperatively to determine whether or not I have complied with Dr. Sood's instructions to quit smoking.

It is our goal to work together with you for the best possible surgical outcome. It is also our sincere hope that you will attain all the additional health benefits that come with living a nicotine-free lifestyle.

Signature: _____ Date: _____

Witness: _____ Date: _____