



**MID FLORIDA INSTITUTE OF PLASTIC SURGERY  
MID FLORIDA DERMATOLOGY AND PLASTIC SURGERY**

**Smoker's Clause**

I, \_\_\_\_\_, confirm that my Plastic Surgeon has explained to me and stressed the importance of **NOT SMOKING** marijuana **or** cigarettes of any kind, including electronic cigarettes (e-cigs). I have also been instructed **NOT TO USE ANY** nicotine-containing products such as nicotine gum or nicotine patches. Vaping is also prohibited, even with "non-nicotine containing liquids."

If I choose to have surgery, I agree that I will **NOT** smoke cigarettes, marijuana, electronic cigarettes (e-cigs) or use **any** products containing nicotine **for TWO (2) WEEKS BEFORE AND FOUR (4) WEEKS AFTER** my surgery (for a total of not less than **six (6) weeks**) **OR** until my surgeon is satisfied that all wound healing is **complete**.

I agree to submit to a urine test, at my surgeon's request, to check for nicotine or other "smoke-able" breakdown products which are excreted in the urine **before my surgery** (understanding that my surgery will be cancelled if nicotine is detected). I also agree to submit to a urine test, at my surgeon's request, **in the event that I experience delayed healing of any kind**, to determine whether this agreement has been broken.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date