



Statement of Compliance

To ensure that patients are adequately informed of the risks of breast implants and breast implant surgery, I hereby confirm that all surgeons using the IDEAL IMPLANT at this facility will comply with FDA requirements pertaining to use of the Patient Decision Checklist. I understand the FDA restriction that, “The sale and distribution of this device is restricted to users and/or user facilities that provide information to patients about the risks and benefits of this device in the form and manner specified in the approved labeling provided by Ideal Implant Incorporated.” Therefore, all surgeons using IDEAL IMPLANT at this facility must comply with FDA requirements, or the company will not be able to sell or distribute the IDEAL IMPLANT to this facility.

By: _____

Print name: _____

Title: _____

Facility name: _____

Address: _____

Address: _____

City, State, Zip: _____

Office phone: _____

Email: _____

Date: _____