



Statement of Compliance

To ensure that patients are adequately informed of the risks of breast implants and breast implant surgery, I hereby confirm that I will comply with FDA requirements pertaining to use of the Patient Decision Checklist for the IDEAL IMPLANT. 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, I must comply with these FDA requirements, or the company will be unable to sell or distribute the IDEAL IMPLANT to me or to a facility for my use.

By: _____
(signature)

Print surgeon name: _____

Office address: _____

Address: _____

City, State, Zip: _____

Mobile phone: _____

Email: _____

Date: _____