

AFFIDAVIT REGARDING ROLE OF HAIR SURGEON DURING SURGERY

Complete as appropriate

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ ) SS  
 )  
COUNTRY OF \_\_\_\_\_ )

Affiant (Surgeon) \_\_\_\_\_ (insert surgeon name) upon oath, duly sworn hereby certify to the American Board of Hair Restoration Surgery that:

1. The American Board of Hair Restoration Surgery (ABHRS) recognizes the International Society of Hair Restoration Surgery (ISHRS) Consumer Alert that ethical hair transplant surgery involves the direct participation of the supervising physician on all non-delegable procedures. Specifically, the surgical act of creating extraction incisions for removal of live tissue, whether during follicular unit transplantation (FUT), or follicular unit extraction (FUE) procedures, is a non-delegable act, and must be performed by the physician of record, or other licensed medical practitioner as permitted by local and state legal medical guidelines. In addition, the creation of incisions for placement of grafts must be performed by the physician of record.
2. Hair transplantation is a surgical procedure. Marketing or providing information that any type of hair transplantation is not a surgical procedure, and therefore is "scar-free", is misleading and unethical.

By signing this affidavit, you are both attesting that all procedures under your care will follow these guidelines, and all marketing information you provide potential patients are in accordance with these guidelines.

Affiant states no more:

\_\_\_\_\_  
Affiant (Surgeon) Signature

Witness certifies this affidavit was signed by the above named Surgeon:

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

Date: \_\_\_\_\_, 20\_\_\_\_