



MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: Abid Sheriff

Doctor: Dr Sajid

Age: 11

Consent ID: 14

MRN: 1234

Date: 2025-11-06 16:32

CONSENT REQUIRED FOR:

Hair Transplantation - English

[ML: Hair Transplantation – English]

PROCEDURE/REASON DETAILS:

I [Patient Name], have been advised undergo hair transplantation I also state that I have understood the following:

- I have understood male hormones and heredity factors mediate the baldness that I have. (Androgenetic Alopecia)
- I am aware of that hair transplantation is only a cosmetic procedure and have been involved in decision of making this choice.
- I understand that while every effort will be made by the operating doctors to ensure optimum result a number of factors may affect the outcome.
- I have been explained that I will not have and cannot expect that I will have a full head after surgery. I understand that there is no guarantee of success.
- I am aware that the procedure will be performed under local anesthesia and give consent for the same.■
- I have been explained and understood the procedure of the surgery as follows:
 - a) The posterior scalp will serve as the donor area. A strip of skin will be removed and sutured: I understand that this will be done under local anaesthesia.
 - b) The hairs from the donor area will be dissected and implanted on the bald area using special instruments.■
 - c) The hairline design on the bald area has been discussed with me specifically. A drawing was drawn on my scalp.
 - d) I have been explained about the possible complications that may occur during and after the procedure:
 - i) Postoperative swelling of forehead on 3rd -5th days■
 - ii) Suture will persist for 2 weeks.■
 - iii) Pustules/boils/pimple like lesions in 2nd -3rd month.■
- I have also been explained that keloids and hypertrophic scars, complication in any surgery, may occur after transplantation.
- I am aware that after the procedure, there may be a period of temporary hair loss. And that it may take 9-10 months for the hair to grow back.
- I have been given different number of grafts for the area from number grafts to

MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

9. I am aware that the process of baldness may continue even after the surgery.

- 10. I have been provided sufficient time for asking questions and all my queries have been answered satisfactorily.**
- 1. Cause for hair loss and Drugs for hair restoration (Yes) (No)**
 - 2. Methods of hair transplantation (Yes) (No)**
 - 3. Booking procedures (Yes) (No)**
 - 4. Preoperative instructions (Yes) (No)**
 - 5. Post operative instructions (Yes) (No)**
 - 6. Power point presentation on the technique of transplantation (Yes) (No)**
 - 7. Copy of this consent form (Yes) (No)**

Please answer the below questions properly. Any part illness should be mentioned.

- 1. Have you had any surgery before? (Yes) (No)**
- 2. Have you had local anesthesia before? (Yes) (No)**
- 3. Did you have tooth extraction before? (Yes) (No)**
- 4. Did you have any injury/wound, which was sutured? (Yes) (No)**
- 5. If so, was there a problem? (Yes) (No)**
- 6. Did you have any problem with bleeding? (Yes) (No)**
- 7. Did you have stomach acidity problem? (Yes) (No)**
- 8. Do you smoke? If so, how much? (Yes) (No)**
- 9. Do you drink alcohol? If so, how much? (Yes) (No)**
- 10. Do you drink excess of tea/coffee? (Yes) (No)**
- 11. Do you have diabetes/asthma/any other disease? (Yes) (No)**
- 12. Have you recently taken injection tetanus toxoid in last 6 months? (Yes) (No)**
- 13. Do you faint when seeing blood? Are you nervous person? (Yes) (No)**
- 14. Will you able to come for stitch removal after 12 days? (Yes) (No)**
- 15. Are you Allergic to any Medicine? If so, mention it (Yes) (No)**
- 16. Do you take drugs for any other problem? If so, mention it. (Yes) (No)**
- 17. Have you received pre-op, post-op instruction sheet? (Yes) (No)**

I have fully understood the above information after reading it/being transcribed by the doctor/drugs.

The hairline design has been drawn on my forehead with different options.

MES MEDICAL COLLEGE
PERINTHALMANNA
DIGITAL CONSENT FORM

I [രണ്ടാമത് Name], have been advised undergo hair transplantation I also state that I have understood the following addressed to me.

1. [ML: I have understood male hormones and heredity factors mediate the baldness that I have. (Androgenetic Alopecia).]
2. I am aware of that hair transplantation is only a cosmetic procedure and have been involved in decision of making about it.
3. ഞാൻ മനസ്സിലാക്കുന്നു that while every effort will be made by the operating doctors to ensure optimum result a n
4. I have been explained that I will not have and cannot expect that I will have a full head after ശാഖയ്ക്ക്. ഞാൻ മനസ്സിലാക്കുന്നു
5. I am aware that the procedure will be performed under local വദ്വൈശമനം and give സമ്മതം for the same.■
6. I have been explained and understood the procedure of the ശാഖയ്ക്ക് as follows:
 - a) The posterior scalp will serve as the donor area. A strip of skin will be removed and sutured: ഞാൻ മനസ്സിലാക്കുന്നു
 - [ML: b) The hairs from the donor area will be dissected and implanted on the bald area using special instruments.]■
 - c) The hairline design on the bald area has been discussed with me specifically. A drawing was drawn on my scalp and shown to me.
 - d) I have been explained about the possible complications that may occur during and after the procedure:
 - [ML: i) Postoperative swelling of forehead on 3rd –5th days]■
 - [ML: ii) Suture will persist for 2 weeks.]■
 - [ML: iii) Pustules/boils/pimple like lesions in 2nd –3rd month.]■
- I have also been explained that keloids and hypertrophic scars, സാഞ്ചിക്കാരണങ്ങൾ in any ശാഖയ്ക്ക്, may occur after transplantation.
7. I am aware that after the procedure, there may be a period of temporary hair loss. And that it may take 9–10 months after the procedure to get a full head of hair.
8. I have been given different number of grafts for the area from number grafts to grafts. After the procedure, the number of grafts will be determined.
9. I am aware that the process of baldness may continue even after the ശാഖയ്ക്ക് in other areas of the scalp. This will be explained to me before the procedure.
10. I have been provided sufficient time for asking questions and all my പ്രശ്നങ്ങൾക്ക് ഉത്തരം ലഭിച്ചു fully and satisfactorily.

1. [ML: Cause for hair loss and Drugs for hair restoration (Yes) (No)]■
2. [ML: Methods of hair transplantation (Yes) (No)]■
3. [ML: Booking procedures (Yes) (No)]■
4. [ML: Preoperative instructions (Yes) (No)]■
5. [ML: Post operative instructions (Yes) (No)]■
6. [ML: Power point presentation on the technique of transplantation (Yes) (No)]■
7. Copy of this സമ്മതം form (Yes) (No)]■

[ML: Please answer the below questions properly. Any part illness should be reported.]■

1. Have you had any ശാഖയ്ക്ക് before? (Yes) (No)]■
2. Have you had local വദ്വൈശമനം before? (Yes) (No)]■
3. [ML: Did you have tooth extraction before? (Yes) (No)]■
4. [ML: Did you have any injury/wound, which was sutured? (Yes) (No)]■
5. [ML: If so, was there a problem? (Yes) (No)]■
6. Did you have any problem with കെട്ടണ്ണരാവ്? (Yes) (No)]■
7. Did you have ആമാശയം/ acidity problem? (Yes) (No)]■
8. [ML: Do you smoke? If so, how much? (Yes) (No)]■
9. [ML: Do you drink alcohol? If so, how much? (Yes) (No)]■
10. [ML: Do you drink excess of tea/coffee? (Yes) (No)]■
11. [ML: Do you have diabetes/asthma/any other disease? (Yes) (No)]■

MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

12. Have you recently taken [REDACTED] tetanus toxoid in last 6 mont [REDACTED]
13. [ML: Do you faint when seeing blood? Are you nervous person? (Yes) (No)]
14. [ML: Will you able to come for stitch removal after 12 days? (Yes) (No)]
15. Are you Allergic to any [REDACTED]? If so, mention it (Yes) (No)
16. [ML: Do you take drugs for any other problem? If so, mention it. (Yes) (No)]
17. [ML: Have you received pre-op, post-op instruction sheet? (Yes) (No)]

I have fully understood the above information after reading it/being trans [ML: drugs.]

[ML: The hairline design has been drawn on my forehead with different colors]

DECLARATION:

I hereby acknowledge that:

- I have read and understood the consent form
- All my questions have been answered satisfactorily
- I voluntarily consent to the procedure/treatment

SIGNATURES:

Patient/Relative Signature:

Doctor's Signature:

Signed at: 2025-11-06 16:32:59

Name: Rahul R

Relationship: Self

Signed at: 2025-11-06 16:32:59

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically