



# MES MEDICAL COLLEGE

## PERINTHALMANNA

### DIGITAL CONSENT FORM

#### PATIENT DETAILS:

Name: Abid Sheriff

Age: 11

MRN: 1234

Doctor: Dr Sajid

Consent ID: 14

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

1. 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 male
3. I understand that while every effort will be made by the operating doctors to ensure optimum result a number of
4. I have been explained that I will not have and cannot expect that I will have a full head after surgery. I understand
5. I am aware that the procedure will be performed under local anesthesia and give consent for the same.■
6. 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
  - 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 trans
7. I am aware that after the procedure, there may be a period of temporary hair loss. And that it may take 9-10 m
8. I have been given different number of grafts for the area from ..... number grafts ..... to

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

**10. I have been provided sufficient time for asking questions and all my**

**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**

**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 translated into my language. I have taken all the necessary drugs.■**

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

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

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
3. ഞാൻ മനസ്സിലാക്കുന്നത് 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 ശസ്ത്രക്രിയ. ഞാൻ മനസ്സിലാക്കുന്നു
5. I am aware that the procedure will be performed under local ഖദനാശമനം and give സമർത്ഥം for the same.
6. I have been explained and understood the procedure of the ശസ്ത്രക്രിയ 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 sh
  - 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.]
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9. I am aware that the process of baldness may continue even after the ശസ്ത്രക്രിയ in other areas of the scalp. This w
10. I have been provided sufficient time for asking questions and all my ചോദ്യങ്ങൾക്ക് ഉത്തരം ലഭിച്ചു fully and satisf
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 സമർത്ഥം form (Yes) (No)
- [ML: Please answer the below questions properly. Any part illness should be reported.]
1. Have you had any ശസ്ത്രക്രിയ before? (Yes) (No)
2. Have you had local ഖദനാശമനം 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 രക്തസ്രാവം? (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)]

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12. Have you recently taken ☐ tetanus toxoid in last 6 months? (Yes) (No) ☐
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 ☐? 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 translated.  
[ML: drugs.] ☐

[ML: The hairline design has been drawn on my forehead with different color.] ☐

#### 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

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**MES Medical College, Perinthalmanna**

Digital Consent System - Generated Electronically