Ematrix Consent Form

Patient Name	:	aamie may				Emirates ID	:	784-1991-1236544-5
File No	:	7000282	DOB	:	2023-05-30	Nationality	:	Singapore
Gender	:	Female	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-24

Treatment site 1

I duly authorizeDoctor-9 testto perform eMatrix treatment

I understand that the eMatrix is a device used for dermatologic procedures requiring ablation of soft tissue and skin resurfacing, of which I am consenting to be a patient receiving treatment.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with- and post-treatment instructions and individual response to treatment.

I understand that there is a possibility of short-term or long term effects such as reddening, swelling, blister formation, temporary discoloration of the skin, as well as the possibility of rare side effects such as burn, scarring and permanent discoloration. These effects have been fully explained to me.

I understand that the treatment with the eMatrix involves a series of treatments and the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications, and I understand that no guarantee can be given as to the final results obtained.

I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I conform that I have informed the staff regarding any current or past medical condition, diseases or medication taken, as well as many past and planned exposure to sun, sun-bed, and tanning creams.

I consent to the taking of photographs and authorize their anonymous use of the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

PATIENT	DOCTOR
 Patient's signature.	 Doctor's Signature & Stamp
Patient Name aamie may Date 2023-11-24	Doctor's Name Doctor-9 test Date 2023-11-24