

Laser Treatment Consent Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other	Date	:	2024-03-06
Gender	:	Male	Doctor's Name	:	test test

PART I: Information Sheet

I, Dr. test test with license No: 1 should be performing the Laser Treatment procedure on Miss/Mrs./Mr.sai krishna Age 27, on date 2024-03-06

The following has been explained to the patient in general terms.

Proposed procedure – Laser Treatment

Laser emits electromagnetic radiation, which is absorbed to a greater extent by the specific area of the epidermis to be treated, without damaging the surrounding tissues. One of the hallmarks of dermatological laser treatment is its exceptional treatment precision and optimal results, often in a relatively short time. Each treatment has specific results depending on the targeted area and the type of laser used. However, most laser treatments aim to provide a pronounced skin lifting and smoothing effect. It improves the texture and color of the skin and provides a long-term reduction of pores. It also reduces the severity of stretch marks and scars after acne. The laser treatment can be used for following treatments. Tight Sculpting, non-invasive face lifting, Non-Invasive Laser Facial Rejuvenation, Acne & Acne Scar Revision, Snoring and Apnea Treatment, treating toe nailing fungus, permanent hair reduction, Pigmented Lesions, Scar Revision, Skin Resurfacing, Tattoo Removal, Treating Vascular lesions, plumping of lips, laser podiatry (removing of warts and calluses and corns), tightening of peri ocular area, hair growth stimulating treatments

Pre-Operational assessment /before your Surgery

- It is important to tell to your doctor about your medication allergies and complete medical history.
- Tell your doctor whether you are pregnant /breast feeding

Side Effects and Complications of Laser Treatment.

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team has explained to the patient that there are possible risks and undesirable consequences associated with this procedure including but not limited to The most common side effects after laser treatment include swelling, itchiness, numbness, and skin redness. Skin redness is also generally experienced after skin resurfacing treatment

Discomforts

Initial healing may include some swelling, bruising, irritation and discomfort that can be controlled with medication, cold compresses and ointment.

Benefits

Tightening and volumization without the need for fillers or toxins, A full lifting treatment from the inside out, Immediate rejuvenation, tightening and glow, Improved skin complexion, Little or no downtime, No need of surgery,

Alternatives

The reasonable alternatives to the procedure as well as risks and benefits of the alternatives have been explained to the patient. Alternatives include but are not limited to Dermal fillers & Botox, Chemical peel

Confidentiality

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team will maintain the confidentiality of your details and we assure not to disclose them to any other party without your acknowledgment.

Financial Implications

All procedures/treatments provided that are not covered by insurance may require yours full payment or co-payment.

PART II: Certificate of Consent

I have read the previous information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to undergo this treatment and understand that I have the right to withdraw from the procedure or treatment at any time without in any way affecting my medical care.

Witness statement I have accurately read or witnessed the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Healthcare Professional Declaration:

I have adequately explained to the patient about the procedure and risks, adverse effects, and the standard alternatives available for the procedure. I have permitted time and opportunity for the patient to ask questions, and all questions have been answered to my knowledge

'I agree that healthcare provider(s) involved in my care at this facility will access my health information through the Health Information Exchange System (NABIDH) in accordance with the Laws of the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority Policies'

'أوافق على أن مقدمي الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول إلى معلوماتي الصحية من خلال نظام تبادل المعلومات الصحية (NABIDH) وفقاً لقوانين دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات هيئة الصحة بدبي'

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	witness	Doctor
		<div></div>
Patient Name sai krishna Date 2024-03-06	Witness Name ddd Date 2024-03-06	Doctor's Name test test Date 2024-03-06

