

Consent For Facial Treatment								
Patient Name	:	Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID	:	999-9999-999999-9	
File No	:	7124	DOB	:	2006-09-28	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nermin Salih	Date	:	2024-06-05

I understand that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected results.

How much plain water do you consume daily?

Have you ever experienced any of the following conditions with your skin? Circle all that apply.

☐ Flakiness ☐ Tightness ☐ Obvious Dryness

Do you ever experience oily shine during the day? ☐ Yes ☐ No ☐ Occasionally

Are you currently having or will soon have your menstrual period? ☐ Yes ☐ No

Are you currently having or will soon have your menstrual period? ☐ Yes ☒ No a2qsIf yes, what type?

Is all the information on your health history form up to date?
☐ Yes ☐ No ☒ If no, please complete a new Health History Form.

I understand that I may have some discomfort, redness and swelling for 2 hours to 7 days, itching or irritation, skin peeling or flaking for up to 7 days after the procedure and I could have possible scarring as a result.

It is my decision to have this treatment and I certify that I have read and have full understanding of the above consent. I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction. I hereby consent to the facial treatment procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. Australia Medical Centre is not responsible for any injury or allergic reaction(s) or any skin abrasions as a result of the services performed on me.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
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Patient Name Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-05	Doctor Name Dr Nermin Salih - Dermatology (DHA-T-00224440) Date2024-06-05