

Mesotherapy Consent Form

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

This Informed Consent Form has two parts:

- Information Sheet (to share information about the treatment with you)
- Certificate of Consent (for signatures if you agree to go ahead with the treatment)

PART I: Information Sheet

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

Mesotherapy is a technique that uses injections of vitamins, enzymes, hormones, and plant extracts to rejuvenate and tighten skin, as well as remove excess fat. Mesotherapy is used to: remove fat in areas like stomach, thighs, buttocks, hips, legs, arms, and face, reduce cellulite, fade wrinkles and lines, tighten loose skin, recontour the body, lighten pigmented skin and treat alopecia, a condition that causes hair loss.

The technique uses very fine needles to deliver a series of injections into the middle layer (mesoderm) of skin. The idea behind mesotherapy is that it corrects underlying issues like poor circulation and inflammation that cause skin damage.

What to expect:

Side effects that have been reported include minimal pain, sensitivity, swelling (moderate), redness, bruising (small area) and bumps at the injection site.

Confidentiality

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

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.

In permitting my doctor to perform my procedure, I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure or the different procedure than those already explained to me. I therefore authorize and request that the above-named physician, his/her assistant, or her designees perform such procedure as necessary or desirable in the exercise of his/her judgement.

In the unlikely event that one or more of the above inherent complications may occur, my physicians may take appropriate and reasonable steps to manage and be available to me and my family to address our concerns and questions.

I consent to any photographing or videotaping of the procedure that may be performed, provided by my identity is not revealed by pictures or description texts accompanying them, so that my physician may follow my therapy progression.

I consent that I stop using Accutane Isotretinoin one month before the treatment.

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

		
Patient Name sai krishna Date 2024-03-06	Witness Name ss Date 2024-03-06	Doctor's Name dermatology derma Date 2024-03-06

