Sublime Consent Form

Patient Name	:	Alston Rebello				Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	test test	Date	:	2024-03-01

Sublime is a noninvasive, nonablative, nonlaser radio frequency system used to contract and tighten the skin, with minimal to no downtime.

I voluntarily consent to undergo Sublime treatment provided by test test or other licensed doctors, nurses, or qualified staff members employed by VISION MEDICAL & DENTAL CENTER (Abu Dhabi)

Please Initial:

☐ I understand that Sublime combines safe and effective levels of infrared light and bipolar radiofrequency energies to remodel the dermal layer of the skin by stimulating new collagen growth.

☐ I understand that I can have an improvement of the sagginess of the face, neck and some areas such as the abdomen or upper arms.

☐ I understand the actual procedure time will vary, depending upon the size of the area treated. Usually, it will take a half an hour to an hour.

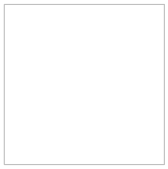
☐ I understand it is not possible to completely predict who will benefit from the treatment. Some patients see gradual and cumulative results throughout the sublime treatments. The total number of required treatments sessions depends on the patient's skin condition.I understand it is not possible to completely predict who will benefit from the treatment. Some patients see gradual and cumulative results throughout the sublime treatments. The total number of required treatments sessions depends on the patient's skin condition.

☐ I understand that cooling of the skin's surface provides enhanced safety and additional comfort.

☐ I acknowledge that I have read the above & all my questions have been answered to my full satisfaction. I understand that my healthcare provider has made no guarantees to me about the results of this procedure & accept the risks of possible complications & consequences. I agree not to hold my physicians / health care provider(s) responsible for the outcome of the treatment(s).

☐ I consent to allow this form to be valid for all subsequent Sublime treatments for a period of 1 year from the date on this consent.

I hereby give my consent and authorization voluntarily and release VISION MEDICAL & DENTAL CENTER (Abu Dhabi) from any claims, implied or stated that I have or may have in the future with this treatment regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Alston Rebello Date 2024-03-01	Doctor Name test test - Laser (1) Date 2024-03-01

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