Ematrix Consent Form

Patient Name	:	sai krishna				Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	test test	Date	:	2024-04-11

Treatment site ret

I duly authorizetest test to 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.

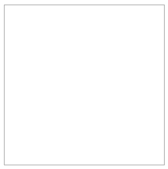
I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications, and I understand that no guarantee can be given as to the final results obtained.

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.

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna Date 2024-04-11	Doctor Name test test - Laser (1) Date 2024-04-11