

## Prp 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)

**Dubai Health Authority law guarantees that you have both the right and the obligation to make decisions regarding your health care. VISION MEDICAL & DENTAL CENTER (Abu Dhabi) team can provide you with the necessary information and advice, but you must participate in the decision-making process. This form acknowledges your consent to treatment and surgical or non-surgical procedures recommended by your physician.**

You will be given a copy of the full Informed Consent Form

### PART I: Information Sheet

I, Dr. dermatology derma with license No: 0 should be performing the Thread Lift 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 –PRP treatment

PRP treatment is a revolutionary skincare solution that uses the body's healing powers to stimulate tissue growth and give your skin a rejuvenated and healthy appearance. PRP is the concentrated part of blood that contains the platelets which are the key to the body's ability to stop bleeding and repair damaged blood vessels and cells in the body. Platelets contain substances called growth factors that activate and rejuvenate cells in the body to regenerate new tissue. PRP is 3-step procedure that involves having your blood: The entire procedure takes about 45 minutes to one hour.

1. Drawn from your arm
2. Placed into a machine that separates the platelets from the rest of your blood
3. Re-injected into you (only the part of your blood that contains a high concentration of platelets).

If you get results, the full effects appear within a few weeks to months. Results can last as long as 18 months. Researchers have found that most patients who get results have 3 or more treatment sessions

#### Pre procedure assessment

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

#### Side Effects and Complications of PRP treatments

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

Common risks include:

- Bruising
- Redness
- Swelling
- Pain
- Tenderness
- Itching
- Rash

#### Discomforts

You may have a bit of pain, bruising, and swelling afterwards. These tend to go away within a few days.

#### Benefits

- Improves tone, texture and brightness of skin
- Skin is firmed and tightened
- Wrinkles and lines are softened
- Skin's rosy glow is restored
- Skin softness is increased
- Facial volume depletion can be improved
- Sun-damage, acne scars, Rosacea, dark circles and Hyperpigmentation are also improved.

#### 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

- Chemical peel

Chemical peels are very good for improving overall skin quality, but are often not as effective for significant signs of aging. That said,

deep peels can improve the appearance of wrinkling quite effectively. Recovery time depends entirely on the depth of the peel. Mild peels can be repeated for improved results.

- Laser skin resurfacing

Patients can expect to see improvement in wrinkles, lines, overall skin quality, and sun damage. For best results, many patients elect to have a series of treatments.

#### 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.

In permitting my doctor to perform my procedure, I understand that the 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 assistants or his/her designees perform such procedure as necessary or desirable in the exercise of his/her judgment.

In the unlikely event that one or more of the above inherent complications may occur, my physician 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 descriptive texts accompanying them, so that my physician may follow my therapy progression.




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

