

Thread Lift Consent Form

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

I duly authorize Alston Rebello to perform Thread lifting.

The thread lift is a minor surgical procedure that lifts, contour and volumize the skin with the use of thread .Each threads has cones or knot that help to hold lifted skin in place, designed to have imbedded cones or knots that work to stimulate collagen production by holding the thread in place.

The result are immediately visible and continue to improve in the next two months as collagen remodeling takes effect. The threads are invisible although can sometimes be palpated.

I have met with the Doctor who is overseeing my treatment and discussed the treatments and procedures.

sss I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications.

I was advised that there might be complications that I might encounter with one of the following:

severe early or late onset of pain, infection, skin tether, lumps, allergies, unexpected and need for further investigation and treatment, need for removal or adjustment adjacent structure damage (nerve, vascular or other structures) bleeding and bruising.

I certify that I am not pregnant or trying to become pregnant nor am I nursing at this time.



I understand no guarantee can be made as to the final results obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary.

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 certify that I have thoroughly read and understand the contents of this form and disclosures listed above were made to me.

I consent to allow this form to be valid for a period of 1 year from the date on this consent.

I released and all associated staff from medico-legal liability.

| | |
|---|---|
| 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 |