Consent For Facial Treatment								
Patient Name	:	sandhya rar	ni			Emirates ID	:	784-1996-9294842-7
File No		7	DOB		2023-10-09	Nationality	:	Other
Gender		Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2023-12-30

The goal of a Facial treatment as in any cosmetic procedure, is improvement, not perfection. I understand that my results may not be perfect. In the case of a facial treatment, the number of treatments necessary will vary among individuals and the areas being treated.

I understand that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the excepted results.

Is this your first facial treatment?

Yes

O No

Is there any specific area(s) that concern you?	S		
Are you presently under a physician's care for an skin condition or other problem?	y _s		
Are you pregnant or think you may be pregnant?	⊙ Yes		ONO
Are you taking birth control?	⊙ Yes	○ No	If yes, what type?
Are you taking hormone replacement medication?	⊙ Yes	○ No	If yes, what type?
Do you wear contact lenses?	⊙ Yes		ONO
Do you often experience stress?	⊙ Yes		ONO
Have you been diagnosed with skin cancer?	⊙ Yes	C No	
Are you currently using or have you used in the pas	t any of the	e listed med	ications? Circle all that apply.
MAZELEY MINITERIN MIKENOVA	Differin G phahydroxy	lycolic or 🗸	Retin-A ▼ Tazarac
How long did you use the medication circled above?	S		
Do you have any allergies?	CYes	⊙ No	sIf yes, what type?
Are you currently taking any medications?	⊙ Yes	C No	sIf yes, what type and for how long?
Have you ever used Accutane?	© Yes	⊙ No	sIf yes, for how long?
Do you have acne?	CYes	⊙ No	If yes, for how long?
Do you experience frequent blemishes?	CYes	⊙ No	ssIf yes, for how long?
Which of these products are you currently using on	your face?	Circle all tha	at apply.

 Soap	Milk	⊽ Toner	□Scrub	⊘ Mask	 Cream	✓Sunscreen	⊘ Other	S
How much plain water do you consume daily?								
Have you	Have you ever experienced any of the following conditions with your skin? Circle all that apply.						y .	
Flakines	SS	E	⊋ Tightness			 ✓ Obvious I	Oryness	
Do you shine dur	ever experience ing the day?	e oily C Y	es	(• No	C	Occasional	ly
Are you menstrual	currently having period?	g or will	soon have	your OY	es	© l	No	
Are you menstrua	currently having period?	g or will	soon have	your OY	es © l	No sIf y	es, what ty	pe?
Is all the information on your health history form up to date?								
CYes	C	No		⊙If no,	please com	nplete a new H	lealth Histo	ry Form.

□ Cleansing

I understand that I may have some discomfort, redness and swelling for 2 hours to 7 days, itching or irritation, skin peeling or flaking for up to 7 days after the procedure and I could have possible scarring as a result.

It is my decision to have this treatment and I certify that I have read and have full understanding of the above consent. I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction. I hereby consent to the facial treatment procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. Australia Medical Centre is not responsible for any injury or allergic reaction(s) or any skin abrasions as a result of the services performed on me.

Sign here, only if all of your questions have been answered to your satisfaction					
Patient	Doctor				
Patient Name sandhya rani Date 2023-12-30	Doctor Name Shilpa Sandhya - Dermatology (FDY56YGDFG) Date2023-12-30				