Dermapen/Microneedling/Morpheus 8/Genius Consent Form

Patient Name	:	Reshma Siya				Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	dermatology derma	Date	:	2024-03-08

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)

PART I: Information Sheet

The following has been explained to the patient in general terms.

Facial skin is a sensitive part of the body that needs care. Therefore, it is crucial to ensure that the skin of your face is smooth, glowing, and lively all the time. Age and the growing level of pollution can take a toll on the health of your skin, rendering it dull, full of scars and wrinkles. But what if we tell you that there is a way out of it? Yes, there is one such therapy, known as Dermapen Microneedling or Morpheus 8 that helps in tightening and rejuvenating your skin.

What to expect:

Dermapen microneedling or Morpheus 8 has minimalistic port-treatment requirements. Some patients may experience this.

Minor redness, flaking, or itching, but this is pretty natural and should disappear within a few days.

We advise you not to apply make-up for the first 24 hours after the treatment and use only oil-free make-up for a couple of days after 24 hours window. We also recommend you avoid intense cardio exercises, steam, and sauna sessions 48 hours before and after the treatment.

Confidentiality

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) will maintain the confidentiality of your details and we assure you not to disclose them to any other party without your acknowledgement.

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 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 assistant, or his her designees perform such procedure as necessary or desirable in the exercise of his/her judgement.

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

I consent that I stop using Accutane Isotretinoin one month before the treatment.

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 Reshma Siya Date 2024-03-08	Witness Name hgfhhfgh Date 2024-03-08	Doctor Name dermatology derma - Dermatology (0) Date 2024-03-08