

Botox Consent Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	test test
			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.test test with license No: 1 should be performing the Botox procedure on Miss/Mrs./Mr.sai krishna Age 27 years, on date 2024-03-06

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

Proposed procedure - Botox Injection

Botulinum toxin is a purified protein that can relax certain muscles that cause wrinkles appearing with facial expressions and thereby giving the overlying skin a smoother appearance. Botulinum is diluted to a very controlled solution and injected into the muscle with a very thin needle. Response is usually seen in 2-10 days after the injection and last for about 3-5 months, you should understand that as all people are different there is no guarantee to how long your results will last. The results can vary in subsequent treatments and rarely this treatment may not work at all. Botulinum is best for treating dynamic lines caused by facial muscle activity. Lines present at rest may or may not improve. You may need more than one session to get the desired result.

Botulinum toxin type used:

- Botox (USA)
- Dysport (UK)
- Xeomin (USA/GERMANY)

Pre procedure assessment

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

Side Effects and Complications of Botox Injections

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

Complications

Pain, Temporary redness, swelling and bruising at the site of injection that usually resolves in 1-7 days, Infection at the injection site that may need further treatment, Asymmetry (unevenness) ,Transient headache for first 48 hours, Temporary drop of eyebrow(s)/eyelid(s) that can last for few weeks (rare), Weakened tear duct, Allergic reaction ,Numbness of the forehead that can last up to 2-3 weeks (occasional), Flu like symptoms, double vision may occur and will require the use of eye patch for 3-4 weeks till it resolves (Very rare).

Discomforts- slight burning sensation while taking the injection.

Benefits

- No downtime
- Reduced wrinkles and fine lines
- Improve your self-esteem

Alternatives

The reasonable alternatives to the procedure as well as risks and benefits of the alternatives have been explained to the patient.

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 your full payment or co-payment. The payment is not refundable.

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 a 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.



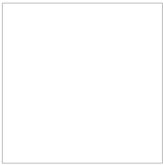
Witness statement I have accurately read or witnessed the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

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 werwer Date 2024-03-06	Doctor Name test test - Laser (1) Date 2024-03-06

