

Coolsculpting Consent Form

Patient Name	:	Alan Alfred				Emirates ID	:	784-1991-1511454-5
File No	:	3000002	DOB	:	2002-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-23

Please Initial:

I, the undersigned declare that I have been fully informed of details of the precautions to be taken during the isotretinoin therapy period.

I must prevent pregnancy during therapy and 1 month post therapy.

Child malformation is expected to be seen in case of pregnancy during the treatment phase and a month after. Strictly, pregnancy must be prevented to avoid this

I do understand I must take contraceptives seriously and regularly during therapy and one month after.



In case of pregnancy I must inform my doctor immediately.

I understand the consequences of not following the doctor's orders to prevent pregnancy during isotretinoin therapy.

I hereby do not hold the doctor responsible to having not to follow the precautionary measures.

This consent form is valid for 6-9 months course period, and I will alert the staff if there are any future changes to my medical history, or if I become pregnant.

I hereby give my consent and authorization voluntarily and release VISION MEDICAL & DENTAL CENTER (Abu Dhabi) from any claims, implied or stated that I have or may have in the future with this treatment regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Patient	Doctor
	
Patient Name Alan Alfred Date 2023-11-23	Doctor-9 - Laser (GT18525) Date 2023-11-23