

Aura GEneral Consent Form

I, the undersigned, do hereby state and confirm as follows:

THIS IS A DIGITAL AGREEMENT HENCE SIGNATURE IS NOT REQUIRED.

1. I HAVE BEEN EXPLAINED THE FOLLOWING IN TERMS OF LANGUAGE THAT I UNDERSTAND. I HAVE BEEN EXPLAINED THE FOLLOWING IN (LANGUAGE) THAT IS SPOKEN AND UNDERSTOOD BY ME.

2. THE TREATMENT THAT I RECEIVE WILL BE APPROPRIATE FOR MY CONDITION AND SPECIFIC NEEDS AND WILL BE GIVEN BY THE DOCTOR OR APPROPRIATELY TRAINED MEMBER OF THE CLINIC.

3. FOLLOWING TREATMENT THE FOLLOWING CHANGES MAY OCCUR: REDNESS, BRUSHING, SWELLING, DARKEN SKIN, LIGHTER SKIN, BLISTERING, CRUISING AND MAY TAKE DAYS/MONTHS TO RESOLVE.

4. I HAVE BEEN INFORMED ABOUT THE POTENTIAL COMPLICATIONS OF THE PROCEDURE AND SHALL INFORM THE DOCTOR IMMEDIATELY ABOUT ANY CHANGE IN MY CONDITION.

5. FOLLOW TREATMENT I SHOULD FOLLOW WRITTEN INSTRUCTIONS GIVEN TO ME AND I SHALL NOT PRICK, SCRATCH OR INJURE THE SKIN.

6. I SHALL PROTECT MY SKIN FROM SUNLIGHT USING SUN BLOCKS AND PHYSICAL MEASURES LIKE UMBRELLAS, CAPS AND CLOTHING.

7. I UNDERSTAND THAT PHOTOGRAPHS WILL BE TAKEN BEFORE AND AFTER THE PROCEDURE AND SHALL BE THE PROPERTY OF CLINIC AND WILL BE USED FOR EDUCATIONAL PURPOSE ONLY.

8. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE DOCTOR/NURSE ABOUT MY MEDICATION CONDITION, MEDICATIONS TAKEN AND ALLERGIES IF ANY.

9. I UNDERSTAND THAT TIGHTENING AND RADIO FREQUENCY CAUTERY CANNOT BE DONE IN THOSE-PATIENT WHO HAVE METAL IMPLANTS AND PACEMAKER. IF YOU HAVE ANY IT IS YOUR RESPONSIBILITY TO INFORM YOUR DOCTOR.

10. I HAVE BEEN TOLD THAT DURING PREGNANCY OR LACTATION (BREAST FEEDING) TREATMENT CANNOT BE DONE AND I CONFIRM THAT I AM NOT PREGNANT NOR I PLAN TO GET PREGNANT DURING THE COURSE OF TREATMENT.

11. I DON'T HAVE ANY HISTORY OF KELOIDS, PHOTO INDUCED DISORDER LIKE DLE, SLE, VITILIGO, PSORISIS, BLEEDING DISORDERS, IMPLANTS, CELLULITE, RENAL FAILURE, HERPES, IMMUNOCOMPROMISED.

12. I HAVE BEEN PROVIDED WITH REQUISITE INFORMATION, I HAVE UNDERSTOOD; AND THEREAFTER I CONSENT, AUTHORIZE AND DIRECT THE DOCTOR IN CHARGE AND HIS/HER TEAM WITH ASSOCIATES OR ASSISTANTS OF HIS / HER CHOICE TO PERFORM THE PROPOSED TREATMENT MENTIONED HEREIN ABOVE.

13. I HAVE BEEN EXPLAINED AND HAVE UNDERSTOOD THAT DUE TO UNFORESEEN CIRCUMSTANCES DURING THE COURSE OF THE PROPOSED TREATMENT SOMETHING MORE OR DIFFERENT THAN WHAT HAS BEEN ORIGINALLY PLANNED AND FOR WHICH I AM GIVING THE CONSENT MAY HAVE TO BE PERFORMED OR ATTEMPTED. IN ALL SUCH EVENTUALITIES, I AUTHORIZE AND GIVE MY CONSENT TO THE MEDICAL TEAM TO PERFORM SUCH OTHER AND FURTHER ACTS THAT THEY MAY DEEM FIT AND PROPER USING THEIR PROFESSIONAL JUDGEMENT.

14. I STATE THAT THE DOCTOR-IN-CHARGE HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION REGARDING THE PROPOSED TREATMENT.

15. I HAVE BEEN EXPLAINED AND HAVE UNDERSTOOD THAT DESPITE THE BEST EFFORTS THERE CAN BE NO ASSURANCE ABOUT THE RESULT OF THE PROPOSED TREATMENT. I FURTHER STATE AND CONFIRM THAT I HAVE NOT BEEN GIVEN ANY GUARANTEE OR WARRANTY ABOUT THE RESULTS OF THE PROPOSED TREATMENT AND ALSO AGREE THAT THE AMOUNT PAID TOWARDS THE TREATMENT IS NON REFUNDABLE AND NON-TRANSFERABLE TO ANY OTHER TREATMENTS.

16. I HAVE BEEN EXPLAINED AND HAVE UNDERSTOOD THAT DESPITE ALL PRECAUTIONS COMPLICATIONS MAY OCCUR.

17. I CONSENT TO MY PHOTOGRAPHS TO BE USED IN MEDICAL PUBLICATIONS PROVIDED THEY ARE ANONYMIZED.

18. I STATE THAT AFTER EXPLAINING, COUNSELLING AND DISCLOSURES I HAVE BEEN GIVEN ENOUGH TIME TO TAKE DECISION FOR GIVING CONSENT.

19. THESE TERMS AND CONDITIONS SHALL BE GOVERNED BY AND CONSTRUED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF INDIA AND IN RESPECT OF ANY DISPUTE ARISING UPON, OVER OR IN RESPECT OF ANY OF THE TERMS AND CONDITIONS GIVEN HEREIN ABOVE, ONLY THE COURTS IN BARODA SHALL HAVE EXCLUSIVE JURISDICTION TO TRY AND ADJUDICATE SUCH DISPUTES.

20. I HAVE SIGNED THIS CONSENT VOLUNTARILY OUT OF MY FREE WILL AND WITHOUT ANY KIND OF PRESSURE OR COERCION.

21. I HEREBY CONFIRM THAT THE SERVICE UNDERTAKEN TODAY AT AURA HAS BEEN SATISFACTORY AND WAS AS PER THE PROCEDURE EXPLAINED TO ME.

Patient Sign:

Date: 23-05-2018 15:30 PM

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