# General Old Consent Form

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



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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



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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



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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.

LASER HAIR REDUCTION

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

THIS IS A DIGITAL AGREEMENT HENCE SIGNATURE IS NOT REQUIRED. ?I HAVE READ ALL THE POINTS MENTIONED IN THE CONSENT FORM. ?THE ?DERMATOLOGIST HAS RECOMMENDED THE FOLLOWING PROCEDURE TO BE PERFORMED.?

NAME OF THE PROCEDURE: LASER HAIR REDUCTION USING US FDA APPROVED LUMENIS LIGHT SHEER DIODE.

1. I HAVE BEEN EXPLAINED IN A LANGUAGE THAT I UNDERSTAND THE NATURE OF THE PROCEDURE. ?IT'S EXPECTED ? ? BENEFITS, POSSIBLE SIDE AND AFTER EFFECTS AND THE RISK INVOLVED. ?I ?HAVE ALSO BEEN INFORMED OF THE ALTERNATE METHODS OF TREATMENT BENEFITS AVAILABLE AND THEIR RESPECTIVE BENEFITS, POSSIBLE SIDE AND AFTER EFFECTS AND RISK.

2. I HAVE BEEN ?INFORMED THAT THE PROCEDURE(S) / COMPLICATIONS, EMERGENCIES OR ABNORMALITIES MAY ARISE, DEVELOP OR BE DISCOVERED AND THIS MAY REQUIRE DEVIATION FROM OR SUSPENSION OF THE PROPOSED PROCEDURE(S) AND IT MAY BE NECESSARY TO PERFORM DIFFERENT OR ADDITIONAL PROCEDURE(S).

3. I HAVE UNDERSTOOD THAT EXCESSIVE HAIR MAY BE DUE TO CERTAIN HORMONES, MEDICATION



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OR GENETIC PREDISPOSITION.

4. SEVERAL TREATMENT MAY BE NECESSARY TO GET DESIRED / ADEQUATE RESULTS SINCE LASER EFFECTIVELY DESTROYS HAIR IN ACTIVE STAGE.

5. I UNDERSTAND THAT IT MAY NOT BE POSSIBLE TO ACHIEVE PERMANENT RESULTS WITH THIS TREATMENT. ? ? ? ??

6. I HAVE BEEN INFORMED THAT THE ?RESULTS MAY VARY FROM PERSON TO PERSON.

7. I AM AWARE THAT THE PROCEDURES MAY BE PERFORMED BY DERMATOLOGIST OR TRAINED STAFF AND MAY BE ASSISTED BY OTHER STAFF TO WHOM YOUR DERMATOLOGIST MAY ASSIGN DESIGNATED RESPONSIBILITIES.

8. I HAVE BEEN TOLD THAT DURING PREGNANCY OR LACTATION LASER CANNOT BE DONE AND I CONFIRM THAT I AM NOT PREGNANT NOR I PLAN TO GET PREGNANT DURING THE COURSE OF LASER.

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

? ? ? ? ? ? ? ?

10. I DON'T HAVE ANY HISTORY OF ORAL ISOTRETINOIN IN PAST 3 MONTHS.

11. I HAVE BEEN EXPLAINED THAT LASER IS NOT EFFECTIVE ON FINE, VELLUS, RESISTANT HAIR AND WHITE HAIR.



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12. TREATMENT CAN BE DELIVERED AT ANY TIME THE HAIR IS NOTED (IT IS ADVISED TO WAIT FOR MINIMUM PERIOD OF TIME BEFORE ANOTHER TREATMENT SESSION). ?I HAVE UNDERSTOOD THAT DURATION BETWEEN SESSIONS DEPENDS ON THE HAIR REGROWTH. ?IT REGROWS MORE QUICKLY IN AREAS WHICH TEND TO PRODUCE HAIR RAPIDLY (CHIN) THAN IN AREAS TYPICALLY ASSOCIATED WITH SLOWER HAIR GROWTH (BACK) PATIENTS USUALLY REPORT HAIR GROWTH IN SLOWER, FINER IN TEXTURE AND SPARSER AFTER EACH TREATMENT.

13. IN MOST OF THE CASES LASER HAIR REMOVAL IS PAINLESS. ?IF REQUIRED A LOCAL ANESTHETIC CREAM WILL BE APPLIED.

14. I UNDERSTAND THAT TREATMENT MAY INVOLVE RISK OF COMPLICATION OF INJURY FROM BOTH KNOWN AND UNKNOWN CAUSES AND I FREELY ASSUME THESE RISK. ?THESE RISK INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- SKIN IRRITATION, ITCHING, BURNS FROM LASER TREATMENT.
- TEMPORARY REDNESS IN TREATED AREA WHICH USUALLY LAST FOR FEW HOURS.
- SWELLING IN TREATED AREA WHICH USUALLY SUBSIDES IN 24 HOURS.
- PIGMENTARY (LIGHT OR DARK) i.e., POST INFLAMMATORY HYPER OR HYPO PIGMENTATION IN SKIN POST LASER THERAPY WHICH IS USUALLY TEMPORARY AND GETS REMOVED IN FEW DAYS / MONTHS.
- PAIN DURING THE PROCEDURE / STINGING OR BURNING SENSATION WHICH USUALLY SUBSIDES IN 24 HOURS.
- SUPERFICIAL SKIN INFECTION.
- FOLLICULITIS FROM INGROWING HAIR.



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- ALLERGIC REACTION TO SOLUTION OR PRODUCT USE.

- LONG HAIR: THIS PROCESS IS KNOWN TO HAPPEN WITH ALL KINDS OF HAIR REDUCTION TECHNOLOGIES. ?THE LASED HAIR IS PUSHED INTO A PROLONGED ANAGEN PHASE. ?I HAVE UNDERSTOOD THAT THIS CAN HAPPEN AND HAVE BEEN ADVISED TO USE SCISSORS TO CUT THESE LONG HAIR IN MAINTENANCE PHASE.

15. FOR ACADEMIC AND SCIENTIFIC PURPOSES, THE BEFORE AND AFTER PROCEDURE MAY BE PHOTOGRAPHED.

16. I UNDERSTAND THAT MAINTENANCE SESSIONS ARE REQUIRED. ?THE GAP BETWEEN MAINTENANCE SESSIONS VARY FROM PERSON TO PERSON AND ARE NOT INCLUDED IN PACKAGE. ?CHARGES HAVE TO BE PAID SEPARATELY AT THAT TIME.

17. I UNDERSTAND THAT AFTER FEW SESSIONS HAIR GROWTH BECOMES PATCHY. ?ONLY THESE PATCHY AREA WILL BE TREATED BY LASER AND THE REST NORMAL AREA WHERE THERE IS NO HAIR GROWTH WILL NOT BE TREATED TO AVOID ANY SIDE EFFECTS.

18. ONCE TREATMENT PROCESS IS STARTED IT IS COST TO SET UP, ?THEREBY MONEY ONCE PAID WILL NOT BE REFUNDABLE AND NON TRANSFERABLE.

19. IT IS MY RESPONSIBILITY TO FOLLOW DOCTOR’S INSTRUCTIONS.

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

21. I CERTIFY THAT I HAVE READ THE ENTIRE INFORMED CONSENT AND I UNDERSTAND AND



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?AGREE TO THE INFORMATION PROVIDED ABOVE.

22. 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.

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

WITH ALL THE KNOWLEDGE ABOUT THE TREATMENT I AM READY TO UNDERGO THE TREATMENT.

Cancel

Patient Sign:
Date: 15-05-2018 20:37 PM



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