

THERMOLYSIS TREATMENT CONSENT FORM

MY SIGNATURE BELOW AND MY INITIALS AT EACH PARAGRAPH ACKNOWLEDGE THAT I HAVE READ THE FOLLOWING STATEMENTS AND AGREE TO RECEIVE THERMOLYTIC TREATMENTS.

I, _____ authorize Dr Matta or a member of his staff or the staff of DM Cosmetic & Wellness Centre to perform ThermoLysis electro coagulation and other services.

Initial HERE

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 _____ The nature and purpose of the treatment has been discussed and explained to me by Dr. Matta or the staff of DM Cosmetic & Wellness Centre, and any questions I have regarding this procedure have been explained to my satisfaction.

_____ I do not have any of the conditions (Pacemaker, metallic implant, diabetes, pregnancy, medical condition delaying healing process, blood thinning drugs) contraindicated with ThermoLysis treatments.

_____ I understand that with any treatment, certain risks are involved and that complication of side effects from known or unknown causes can occur. I freely assume these risks.

_____ Side effects might include mild redness, extreme redness, local swelling, bruising, tenderness, stinging, darkening of the skin, infections. Most side effects are temporary and generally subside within one week to 21 days.

_____ I have been advised not to touch or rub treated area, not to pick scabs and to let them fall off by themselves. I understand that I must keep area clean and use hydrating and soothing products, avoid sun exposure for one week and use total sun block to treated area until complete healing.

_____ During cold sores, inflammatory acne or other eruptions, it is necessary to discontinue the treatment due to possibility of the procedure spreading the eruption. The procedure should be deferred until the skin has healed.

_____ I agree to adhere to all safety precautions and home skin care program as recommended by Dr. Matta and/or the staff of DM Cosmetic & Wellness Centre and I will inform them of any concern or complications as soon as they occur.

_____ I am over 18 years old

_____ I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

While satisfying results are often achieved from one treatment, some cases may need more, there is no way guarantee that the effects desired will be the effects achieved. Your own body response is a major factor in the result process.

I have read the preceding explanation, the ThermoLysis instructions and understand the potential risks and benefits of treatment.

Please Print Full Name Legibly	Patient Signature	Today's Date: DD/MM/YYYY	Dr. Matta
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