DENTAL & SKIN CLINIC

INFORMED CONSENT FOR PDO THREAD LIFT

The PDO (polydiaxonone)Threat Lift and Smoothing procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The PDO Lift procedure is effective in most cases, however there is no guarantee a specific patient will benefit from the procedure. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular condition.

Alternative Treatments: Alternative forms form of non-surgical and surgical treatment consist of surgical facelift, Nd:YAG laser, full-face C02 laser, dermal fillers, local muscle relaxer (Botox, Dysport, Xeomin), chemical peels or inaction. Every procedure involves a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your practitioner in order to make an informed decision.

Possible Risks and Side Effects Associated with PDO Threat Lift Procedure:

Discomfort: Some discomfort may be experienced during treatment.

Scarring: May cause scarring; sutures are inserted using a small needle, which must heal. A scar a scar at entry point may occur.

Bruising, Swelling, Infection: With any minimally invasive procedure, bruising of the treat area may occur along with the potential for swelling and is likely. Infection is rare, but with any injection or incision into the skin, the possibility exists.

Bleeding: You may experience some bleeding during the procedure. Hematoma or a small blood clot may occur and may require treatment by drainage. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within the 10 days preceding the procedure.

Damage to Deeper Structures: Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. The potential for this to occur varies according to the location on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent.

Allergic Reaction: Allergies to tape, suture material or topical preparations have been reported. allergic reactions may require additional treatment.

Anesthesia: Local topical anesthesia may be used and can involve risk of allergic reaction.

There is a possibility of the treatment area becoming lighter or darker than the surrounding skin. This is usually temporary, but on rare occasions, may be permanent. Appropriate sun protection is important.

Partial Laxity Correction: PDO Lift may not correct all your facial laxity or sagging.

Delay Healing: Complications may ensure as a result of smoking, using a straw, or similar

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motions. Smoking and similar actions are STRONGLY discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or the removal of the sutures.

Contraindications: Any known allergy or foreign body sensitivities to synthetic biomaterials.

Additional Procedures May Be Necessary:

In some situations, it may not be possible to achieve optimal results with a single PDO Lift procedure and other procedures may be necessary. Although peak results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

I understand that no warranty or guarantee of specific result has been made to me. I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment, and could result in a delay to one's normal daily activities and thus economic loss.

I understand my practitioner may discover other conditions which require additional or different procedures than planned treatment. I authorize my practitioner and his or her associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand my cheeks/jowls may not achieve the desired improvement anticipated.

I understand sutures may extrude, may have to be trimmed or may have to be removed in the future.

I understand the results may relax over time and additional procedures may be required.

I consent to the taking of photos before, during or after the procedure to document my progress.

The nature of the elective procedure, its risks and potential complications have been fully explained to me along with available alternative treatments and their benefits and risks has been discussed. I understand I have the right to refuse treatment. I have been instructed to and agree to abide by all safety precautions and post treatment instructions and have been given a written copy. I understand no refunds will be given for received treatment and no guarantee(s) have been given regarding the results.

I release the facility, medical staff, and other technicians from liability associated with this procedure.

This consent is voluntarily executed and shall be binding on my spouse, relative, legal representatives, heirs, administrators, successors and assignees.

_____ Date:_____

Patient Signature

Witness:_____Date:

_____

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INFORMED CONSENT FOR IV THERAPY

Reason/Benefits: For skin whitening and detoxification using compounded Vitamin C and glutathione medications via intravenous infusion. Vitamin C is an antioxidant and is essential for the formation and stabilization of collagen and elastin. Vitamin C also has skin clarifying properties. Glutathione is a natural liver enzyme that the liver needs for breaking down toxins. With succession of treatment, skin whitening injections will make your skin brighter and clearer. You might also get a secondary effect with energy and immune system boosting from this treatment due to detoxification.

Skin whitening injections are not FDA approved. There is no high quality peer review, published medical literature to substantiate the use of compound medications. It is considered as mesotherapy, and as such, experimental. However, there are many anecdotal reports indicating that it works.

Risks, side effects, and complications: pain, bleeding, bruising, infection, scar, and ineffective treatment. Excessive sun exposure will minimize the effects of treatment. As such, it is important to avoid sun exposure and to wear sun block every day for optimal result from this treatment. If you are tanned or have excessive sun exposure, you are likely going to see reduction in the efficacy of treatment. This treatment is not suitable for patients that are sick or has kidney and/or liver problems.

Alternative to Whitening Injections: Chemical peels, cosmeceuticals, maintenance skin care products (Vitamin C, exfoliant, and sun screen), IPL photofacial, and ablative laser treatments. Using oral glutathione as maintenance care following this treatment will enhance skin whitening.

Frequency and duration: For optimal result, you will need series of treatments. Initially, every week for several weeks and then the duration of treatment could be lengthened to once every 2-3 weeks and then once every 4-6 weeks. You can expect to see result within 2-4 weeks.

Treatment: an IV drip using normal saline solution with compounded Vitamin C and glutathione added to the normal saline bag.

Duration of treatment: About 15-30 minutes for each session.

Post treatment precautions: Avoid sun exposure, tanning booths, spray tan, and wear sun screen on a daily basis. Apply pressure over the IV site and avoid vigorous exercises of the involved extremity for 1-2 days to minimize risk of bleeding.

Post treatment expectation: You can expect to see result within 2-4 weeks. Useful complementary treatment that we recommend includes sun block, exfoliant, and Vitamin C, as well as oral glutathione. Complementary treatment helps to minimize the effects of sun damage and sun tan. Additional complementary treatments include: Retin A, hydroquinone, Obagi Nuderm, chemical peels, and microdermabrasion. For the first few days, there might be some bruising or ecchymosis over the IV site.

I, _____, consent to the treatment known as the Whitening Injections treatment. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science and the degree of my improvement is variable.

By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and I wish to proceed with the Whitening Injections treatment.

Payment & Refund Policy

I acknowledge that I have been informed of the fees applicable to my IV Glutathione/IV Therapy treatment and agree to the same. I understand and accept that all payments made towards the treatment are non-refundable under any circumstances, including if I choose to discontinue the treatment midway, fail to complete the infusion, or am unable to continue for personal or medical reasons.

Patient Name (print): _____

Patient Signature: _____ Date: _____

Witness: _____

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INFORMED CONSENT FOR CHEMICAL PEEL

Chemical peeling is a technique used to even out discoloration and to smooth the texture of the skin by removing the outer layers. A chemical solution is applied to the skin, which causes separation, peeling, and regeneration. The new skin is smoother, clearer, and less wrinkled than the peeled skin. It is helpful for those individuals with facial blemishes, enlarged pores, fine lines and wrinkles, and uneven skin or discoloration. Although chemical peels may be performed in conjunction with other procedures, it is not a substitute for surgery, nor will it prevent or slow the aging process. Adequate use of sunscreen is critical post peel and needs to be applied daily.

RISKS & COMPLICATIONS

I understand:

1. While certain amount of improvement is anticipated, the exact amount of improvement to the skin cannot be accurately predicted.
2. There may be swelling and discomfort following the peel and the chemically burned area may tighten, scab, and peel within 3-5 days, temporarily leaving the skin pink/red. Redness after a chemical peel may persist for unacceptably long periods of time and is still considered normal. The area chemically peeled can also scar.
3. Not all persons will "peel" after a chemical peel, this does not mean the desired effect on the skin has
4. Chemical peeling agents can permanently change the natural color of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of the skin has and can occur after chemical peels.
5. Infection is unusual, however bacterial, viral, and/or fungal infections can occur. If you have a history of Herpes Simplex virus infections around the mouth, it is possible that an infection could recur following a chemical peel. Specific medications can be prescribed prior to the peel to suppress an outbreak.
6. The treated skin may be sensitive from a few days to a couple of weeks. Excessive sunlight to the area must be avoided for 3-5 days and sunscreen (broad spectrum) is required for daily use, starting immediately post treatment.
7. A chemical peel may not completely improve, nor will it prevent future skin wrinkling. Additional procedures will be necessary in order to treat specific concerns or until desired outcome is achieved.

PHOTOGRAPHS Treatment photos will be taken prior to treatment to monitor progress and shall be the property of the office, and their use for scientific purposes and presentations. I understand that no photographs or digital images revealing my identity will be used without my consent. If my identity is not revealed, these photographs may be used, shared, and displayed publicly without permission.

CONSENT I am not pregnant or currently acutely ill; nor do I have significant skin disease, neurologic disease, or allergies to the peel ingredients and if unsure I will ask. I will let the service provider know if I have had facial surgery, have allergies, tendency to cold sores/fever blisters, or use of topical or oral prescriptions medications such as: Tretinoion, Retin-A, Accutane, Differin, Tazorac, Avage, EpiDuo, or Ziana. I hereby voluntarily consent to having a chemical peel. The procedure has been explained to me and I have read and understand the above information. My questions have been answered satisfactorily and I accept risks and complications of the procedure.

Signature: _____ Date: _____

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PROFHILO® PATIENT INFORMED CONSENT FORM

I declare to be duly informed about use, indications, contraindications, possible adverse reactions and complications regarding the use of the above-mentioned implants. I certify that the answers to the questions regarding my general health, and previous aesthetic and medical treatments are accurate and correct the best of my knowledge.

I have been given an opportunity to ask questions and have had them fully answered.

Furthermore, I understand that:

- this product is a clear bio-reabsorbable hyaluronic acid gels of non animal origin.
- The duration of the results may vary depending on skin type, treated area, quantity injected and injection techniques.

ADVERSE REACTIONS AND POSSIBLE COMPLICATIONS

I understand that after treatment with the above-mentioned product:

Incidents of inflammatory reactions (erythema, oedema, etc) sometimes associated with itching and pain to the touch may occur. These reactions may persist for 7/10 days. Hardening or nodules may appear at the point of injection.

I was also informed about very rare cases, as described in literature, of discoloration at the injection point, necrosis of glabellar area, abscess, granuloma and hypersensitivity, after hyaluronic acid injections.

If the inflammatory reactions persist more than 7-10 days, I must contact my physician immediately.

I also declare that I am aware of the advice to follow during the post-injection period which I will follow correctly.

Having been properly informed, and having completely understood the advantages of the above mentioned treatment/s and eventual adverse reactions that may occur, I authorise said treatment/s and give my full consent to

Cosmetic Injector _____.

Patient's full name

Cosmetic Injector's full name

Patient's signature & date

Cosmetic Injector's signature & date