

First Name

Last Name

Address

Email :

Phone number :

Date :

(The client) confirm that I fully understand the risks and conditions associated with PDO Threads/fox eyebrow lift it is an elective cosmetic procedure.

I fully understand and accept that the goal of this treatment is improvement and not perfection and that there is no guarantee that the anticipated results will be achieved.

I acknowledge that complications, although rare. may sometimes occur with the procedure. Side effects may (depending on the product used) include Thread migration, redness, bruising, bumps, marks, discolouration, discomfort. tenderness. swelling and itchiness. These side effects can last anything from a few seconds to a couple of days and in very rare cases longer.

I acknowledge that I have read and fully understood the list of side effects.

I have provided my practitioner with a full medical history and a list of my medication.

I fully accept that any and all consequences of not providing full medical history and medication and will not hold the clinic or practitioner liable in respect of the same.

I agree that I will hold neither Beaumac nor the equipment manufacturer responsible for any contraindications which arise during or after treatment

I acknowledge that my practitioner may take photographs of the area being treated for inclusion in my patient records and understand that my identity will be kept strictly confidential.

I acknowledge receipt of the aftercare information document regarding PDO fox eye brow lift treatment. I confirm that I have had sufficient opportunity to read consent and aftercare documents and raise any queries regarding

consultation and aftercare. 1 further confirm that such queries have been answered satisfactorily.

I hereby unconditionally consent to photographs being taken of the treatment area and the publication of pictures and/or videos of this treatment.

I completely understand this agreement and the consultation, and I undergo the treatments on my own volition and that this agreement will apply to any further treatments.

Are you allergic to Local Anaesthetic? lignocaine, prilocaine, poloxalene hydrogenated castor oil. carboxypolymethylene, sodium roxide. water purified) YES NO

Are you currently taking medication containing sulphonamides, e.g sulphammethoxazole YES NO

Please type your full name below. By typing and submitting, this serves as a Digital Signature and verifies that you fully agree to our safety policy for our services. This digital signature holds the same authority as a handwritten one.

Are you pregnant. think you may be pregnant or considering becoming pregnant? YES NO

Are you breast feeding? YES NO

Do you or anyone in your family suffer from disorders of the blood? YES NO

Are you anaemic? YES NO

Have you recently used or been given any local anaesthetics or related medicines such as Taconite? (a medication used to prevent an irregular heartbeat) YES NO

Do you suffer from Raynauds syndrome (prolonged numbness and circulatory problems in the extremities) YES NO

Possible side effects of PDO Thread contouring

- Local discomfort during the procedure
- Redness and/or swelling post-procedure for several days
- Bruising. in case of larger vessel injury haematoma
- Foreign body reaction/allergy
- Granuloma formation

- Infection • Protrusion
- Duration of results
- Maximum result in 3 months
- Migration of cogs
- Facial nerve trauma when cogs are used
- Asymmetry (evaluation of pre-treatment asymmetry)

I hereby acknowledge that the practitioner has explained all elements of the treatment to my satisfaction.

I also acknowledge that all my questions have been answered to my satisfaction.

I acknowledge that I have been made aware of possible side effects and I am happy to proceed with the treatment.

I have been given aftercare instructions and am aware that failure to carry out these specific instructions may reduce the effectiveness/outcome of the treatment.

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NAME: _____ DATE: _____