



Patient Name: _____

Consent for Aesthetic Procedures

This is an informed consent document that has been prepared to help inform you of your non-surgical aesthetic procedure(s), its associated risks and alternative treatments. It is important that you read this information carefully and completely. Please read each word, sentence, paragraph, and page. Please initial each section and sign the consent for aesthetic procedure(s).

I voluntarily consent to and authorize Naked Face Medical PLLC and all associated physicians, other healthcare providers as deem appropriate, to treat my desired area of concern and understand that the following non-surgical aesthetic procedure(s) is planned for me, and I voluntarily consent, request, and authorize this procedure(s) to include: Dermal fillers, Neuromodulator (Botox, Dysport, Xeomin), PDO Threads, Microneedling, or Others_____.

Please Initial Each Paragraph

___ I understand the treatment may involve risks of complications or injury from both known and unknown causes and I freely assume these risks. **Possible risks include but are not limited to scarring, skin redness, skin irritation, swelling, discomfort, tenderness, pinpoint bleeding, bruising, pimple-like bumps, dry skin.** I understand these stated risks are those most relevant to an intelligent decision on my part, and the list of remotely possible material risks is nearly unlimited. I agree to adhere to all safety precautions and regulations during the procedure.

___ I agree to allow photographs of the intended procedure site for diagnostic purposes and to enhance my medical record to follow progression of my treatment. I agree that these photographs will remain the property of Naked Face Medical PLLC.

___ I understand that my responsibility, as the patient, is to follow the post-procedure care instructions and to maintain regular office visits that are critical to the success of the procedure. I agree that I will notify Naked Face Medical PLLC, as soon as possible, of any questionable conditions, complications, unusual symptoms or any questions that can arise.

___ I understand that I have the right to refuse treatment.

___ Due to the nature of the treatment, exact results cannot be predicted and I acknowledge that no guarantees have been made to me as to the final or expected results that may be obtained. I further understand that no promises of permanence have been made to me.

___ I agree to pay for the above mentioned procedure and understand that there will be no refund. I also understand that subsequent revisional procedures will require additional costs.

Patient Name: _____

____ THIS PARAGRAPH PERTAINS TO SMOKERS.

Smokers are recognized as having a significantly higher risk of post-procedure wound healing problems and complications including, poor or improper skin healing, increased bruising, and increased chance for infection.

____ I acknowledge that I have read and completed the new patient registration and medical history forms fully, correctly, and to the best of my knowledge and the information I have given to Naked Face Medical PLLC is complete and correct. I understand voluntarily or involuntarily withholding medical information can lead to complications or problems that may have been prevented if that information were known prior to my procedure.

____ Naked Face Medical PLLC and all associated physicians, licensed aestheticians and other healthcare providers as deem appropriate, have fully explained in terms clear to me the nature of the procedure(s) to be performed, the foreseeable or common risks and complications, and alternative methods of treatment. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desire regarding the diagnosis and procedure(s) and that these questions have been fully explained to me in layman's terms. I have read this document and I understand its contents. I hereby give my unrestricted informed consent for the procedure. I further state that I fluently read, write, and speak English.

____ THIS PARAGRAPH PERTAINS TO FEMALE PATIENTS ONLY. Anesthetic agents or any other medications can be harmful to the fetus or a pregnant woman. General anesthesia should be avoided during pregnancy whenever possible. It is unknown the effects of Neuromodulators or Dermal fillers on the fetus, and they are not recommended in pregnancy. By initialing I am acknowledging that I am not pregnant nor do I intend to become pregnant. If I do become pregnant I will notify Naked Face Medical PLLC and discontinue further Aesthetic treatments.

____ THIS PARAGRAPH PERTAINS TO DERMAL FILLERS. I understand that potential risks involved with any dermal fillers includes arterial occlusion. I further understand and consent to use of hyaluronidase injection in the case of an arterial occlusion. I also consent to use of oral Aspirin and/or Sildenafil if the provider feels necessary in an emergent situation.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____