

PDO THREAD LIFT

Consent



FULL NAME

D.O.B

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

PAYMENT

I understand that this is an “elective” procedure and that payment is my responsibility and is expected at the time of treatment.

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time.

PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes in publications, social media, and presentations. I understand my identity will be protected. I hold Timeless Beauty Esthetics harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

RESULTS

I understand this is an elective procedure and I hereby voluntarily consent to treatment with PDO suture threads for skin rejuvenation, lifting of the skin to help establish proper lip and smile lines and improved esthetics. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately.

Patient Name (Print)

Patient Signature

Date