



.....
(Full name of the Patient)

.....
(Date of birth or PESEL)

.....
(Phone number)

PATIENT'S CONSENT TO THE PLASTIC AND AESTHETIC TREATMENT

.....
(Type of planned treatment)

- 1. A slimmer face, more visible bones cheek - removal of Bichata fat pads
- 2. Face contour slimming, liposuction chin and jaw angles
- 3. Neck Surgery (Platysoplasty, Digastric Muscle Plasty)
- 4. Pulling up sagging cheeks, BARB 4D lifting threads
- 5. Facial slimming, anatomical implants, chin augmentation
- 6. Volumetry of Face, Lips, Palms, Breast Hyaluronic Acid
- 7. Body fat transplant, lipofilling, lipotransfer
- 8. New Generation of Platelet Rich Plasma
- 9. Mesotherapy, RF microneedle, Cellular Matrix
- 10. Botox - expression wrinkles, excessive sweating
- 11. Muscle electrostimulation, fat reduction, Compex rehabilitation
- 12. Permanent make-up and melasma removal, spots, picosecond laser tattoos
- 13. Anti-vascular laser, rosacea, erythrosis, spider veins and telangiectasias
- 14. Non-ablative Laser rejuvenation, improvement of skin color, tension and density, wrinkle reduction
- 15. HIFU technology - deep ultrasound face lift, skin tightening treatment
- 16. Resurfacing, new skin, scar removal, growths, fibromas with ablation laser
- 17. Medical, chemical skin peel
- 18. Drops, intravenous infusions, vitamin iv nutritional therapy, vitamins, minerals, amino acids

I, the undersigned, confirm that I have been informed in an understandable way about:

- possible undesired effects and complications connected with the above treatment;
- contraindications against the treatment;
- treatment techniques and procedures;
- possible treatment effects that can be achieved in my case;
- post-treatment procedures;
- a treatment effect duration period;
- the minimum number of treatments to achieve the planned effects;
- alternative treatment methods (including waiver of treatment) and alternative treatments.

..... signature

I am aware that the treatment effect, healing period and treatment effectiveness are strictly dependent on the individual case and many other factors, including, without limitation, my health, age, individual reaction of skin and the whole body to medicines and treatment methods.

..... signature

(turn the page)

Before the treatment, I have given full and true responses to questions I have been asked during the interview with regard to: my health, pregnancy or not, medicines I take, my other treatments in the past, hygiene measures and agents I use. The information I have given is reliable.

..... signature

I am aware that if typical negative consequences and complications which I have been informed about before the treatment occur, I am not entitled to make any claims because I have accepted such a risk by responding fully to the questions I have been asked during the interview and by obtaining full and understandable information about the treatment and related undesired consequences and I have been freely able to make the treatment decision. I am also aware that a discrepancy between the outcome whose scope and type has been precisely defined before the treatment and my expectations cannot constitute the basis for any claims.

..... signature

I certify that I have been able to ask questions concerning the treatment, possible complications, risk of complications, further treatment, post-treatment recommendations to the doctor and I have obtained understandable and sufficient answers.

..... signature

I certify that the content of the consent has been presented to be before treatment and the time between the presentation of the content of the consent and the treatment has been completely sufficient.

..... signature

I certify that I have familiarised myself with the above, including the written information about the planned treatment, which is attached hereto, and that I give my well-informed consent to the treatment.

..... date and legible signature

I agree to receive the suggested anaesthetics. I understand that all forms of anaesthesia are connected with a risk of complications, including death.

..... date and legible signature

Date and legible signature