

CONSENT FORM, MANAGING EXPECTATIONS AND REASONABLE BEHAVIOUR POLICY

DERMAL FILLERS: Side effects for this treatment do occur but are uncommon, these can include bruising, pain, lumps and infection. I understand that each treatment will be charged individually according to the amount of product used.

Lip Cheeks Chin Jawline Nose Under Eyes

BODY CONTOURING: All questions about the body contouring procedure have been answered to my satisfaction, and I have been given aftercare instructions for the body contouring I am about to receive. I understand that the aim of treatment is not perfection and that I may require further treatment to achieve my desired outcome. I understand that the treatment that I am receiving today is an attempt to improve the cosmetic appearance, but this cannot be guaranteed.

HYALURONIDASE: Side effects of this treatment are rare. Very rarely, inflammatory and allergic reactions can occur. After treatment the area injected with hyaluronidase can swell up, sometimes quite dramatically (especially if the area being treated involves the lips.)

PROFHILO®: Optimal results are obtained after two sessions with PROFHILO® and may last 6-12 months. Side effects are rare however inflammatory reactions can occur and can arise days and weeks after the treatment, but these usually subside over time without the need for further treatment.

BOTULINUM TOXIN: Treatment for wrinkles takes an average of 5-10 days to 'kick in' and optimal results are achieved at day 14. All 'top ups' must be done between 2-4 weeks from treatment. I understand that the results last between 2-6 months with an average time of 3-4 months. Results lasting 2 months do not represent a failure of treatment and there can be multiple causes for this. If this occurs, we will aim to advise on using more units of toxin for future treatments. Common side effects include bruising, swelling and mild localized pain. These usually settle within a day or two.

PRP: I understand that I may need a number of sessions to achieve the desired result and that this number cannot be identified on the first visit but will become apparent with the passage of time.

LIPODISSOLVE: I understand that fat lipolysis injections are not always guaranteed to leave excellent results and that my personal lifestyle diet and exercise will be contributory factors in the final result. I also understand that I may need a number of sessions to achieve the desired result and that this number cannot be identified on the first visit but will become apparent with the passage of time.

PDO THREAD LIFT: There is minimal downtime and no general anesthetic risks. Side effects are uncommon however can be experienced. These include pain/tenderness, swelling, asymmetry, thread protrusion (puckering of the skin), migration, facial nerve trauma and allergic reaction.

Please read, understand and sign that you agree to our policies.

The aim of treatment is for an aesthetics improvement, not perfection.

Treatment is not guaranteed to lead to excellent results, like all aesthetics treatments, and I understand that my expectations may not be met. Side effects and limitations have been explained to me and I understand that these are available to read online. I also understand that each treatment will be charged individually according to the amount of product used.

I understand that there is **no refund** for perceived sub-optimal results. All aesthetic treatments come with a risk of side effects, complications and unmet expectations. Any additional treatment required is subject to charge depending on the discretion of the treating clinician.

I have been fully informed of the risks and possible consequences involved in the above treatment. I have been advised that all forms of facial aesthetics treatment including injections, carry potential risks and that these treatments are not medically necessary and are purely aimed at cosmetic enhancement.

At Regent Street Clinic I have been given the opportunity to think carefully about the pros and cons of treatment, with the option to return at a later date once I have made a fully informed decision. There has been no coercion to have treatment and I have made the decision to proceed myself having weighed up the pros and cons. I have given this consent voluntarily and have full mental capacity to do so.

I understand that in line with Regent Street Clinic policy, any complaints arising from the treatment need to be highlighted within a two weeks' time period since the treatment so that the clinic can assess the result and advise as necessary. I am aware that any further treatment may be charged and is at the discretion of the treating clinician as previously stated. I also warrant to notify the clinic of any further treatment that I have had elsewhere in the interim period and accept that the clinic may wish to pursue the matter in cases of deliberate omissions.

I hereby give informed consent to administer such treatment to me and agree to hold the practitioner and the clinic free and harmless from any claims, suits or damages for any injury or complications resulting from this treatment.

- I have been informed that procedures such as dermal fillers and any other aesthetic treatments should leave a two week gap before or after receiving the COVID-19 vaccine and I confirm that this is the case.
- I understand that photographic images/video clips will be taken relating to my treatment.
- I give written consent to use my images/video on social media platforms with aim of highlighting the aesthetic results with others.
- I have been given a copy of this consent form to take home for my own record.

AFTERCARE

If you have any concerns after treatment, we advise you to make contact with the clinic on 045477855 during opening hours or with Dr Poonam Sharma on 0556505670/ Dr Bobby Ahmed on 0585137448 out of hours.

Please do NOT attempt to contact our staff via social media platforms such as Instagram, Facebook, Snapchat or TikTok. This is clearly inappropriate and risks the message being missed. Our social media platforms are for marketing and general information only, they are not a vehicle for concerns, complaints or individual queries.

Patient's Name/Signature:

Doctor's/ Practitioner's Name:

Date: