



Patient's Name and DOB \_\_\_\_\_

PolyDioxonOne (PDO) thread lifting beneficial for patients with mild to moderate laxity of mid face and jowls and marionette lines.

Also beneficial for smoothing and volume in various areas of the face as well as f roams, legs, abdomen, and buttocks.

Although the majority of patients do not experience complications I understand some of the side effects of PDO thread lift treatments may include but not limited to: Bruising; Swelling; Palpable or Visible thread.; Breakage of thread; Asymmetry; scaring; Dimpling; Contour Irregularity; Infection or nerve injury.

Most of these can be corrected spontaneously or with providers procedure.

I understand that this procedure is cosmetic, and that nonrefundable payment is due at the time of service. The fee schedule has been explained to me.

This aesthetic improvement is accompanied by a loss of tissue function. The neosynthesized of fibrotic type I collagen, even if it produces an aesthetic improvement, always causes biological aging.

An SPF 30 is advised to avoid post-inflammatory hyperpigmentation (PIH), especially in Fitzpatrick skin types IV-VI. Avoid making long dental appointments for at least four weeks after treatment because mouth opening may be restricted. No facial massaging for two weeks and blood thinning herbs and vitamins like Vitamin E should be terminated seven days before the treatment and for another seven days post treatment. For discomfort, paracetamol should be sufficient and NSAIDs like ibuprofen should be avoided because inflammation is necessary for fibrosis. No alcohol for three days post treatment and no sauna for seven days. Arnica (a herb) may be effective against swelling.

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses, auto-immune connective tissue diseases which would prohibit me from receiving

I understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician on my follow up appointment. If I decide not to come to follow up appointment that was scheduled for me at the time of first visit

By signing this consent, I hereby voluntarily consent to treatment with PDO thread lift. The procedure has been fully explained to me. I have read the above and understood 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 medications or my physical conditions I will notify the Royal Medical Health provider who treated me, immediately. I also state that I read and write in English.

I have answered these questions truthfully. I have viewed the Privacy Policy. I give permission to leave detailed messages, fax or e-mail information regarding my care, and/or discuss my medical care with specific family and/or friends, or other healthcare professional when is necessary. I understand that I am granting a waiver of my privacy rights under HIPAA. If I decide to change these instructions, I will notify Royal Medical Health provider in writing as soon as possible. If I have given my email address above, I understand that email is not privacy protected.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_