|  |
| --- |
| EA - Specialist Laser Treatment |
| **Patient Name:** |  |
| **Date:** |  |
| **Procedures:** |  |
| **Additional procedures that may become necessary in the course of treatment:** |  |
| **Indication** **Benefits:**  |  |
| **Patient expectations**No guarantee, or warranty, express or implied is given with regard to treatment results. Cosmetic dissatisfaction is a possibility. There is no guarantee that the treatment will meet the patient’s expectation.  |
| **Specific risks** Alopecia; Recurrence of the original condition; scar/ poor cosmetic outcome; Injury to nerves that affect both feeling and movement; delayed healing. In the case of micro-fiberoptic lasers such as Endolift™ fat atrophy and asymmetry is a potential side effect. In the case of periorbital and periocular treatment, specific risks include infection, corneal ulcer, abrasion, blurred vision, ptosis, and blindness. Other complications and risks can occur. Further corrective treatments may be necessary. The practice of medicine and surgery is not an exact science. **General risks** Bruising, bleeding, infection, burns, pain, scarring, itch, wound dehiscence, worsening of the original condition, change in the dimensions of the scar, and worsening of the scar appearance including, among others, functional limitation, contour, vector, texture, itch and colour. Complications also include but are not limited to asymmetry, delayed effect, no effect, suboptimal scar result, hypertrophic scars, atrophic scars, hyper/hypopigmentation, bleed, hematoma, infection, pain, wound dehiscence, breakdown, necrosis.  |
| **Concurrent illness***If you suffer or have suffered* ***from dysmorphia or ANY other psychiatric psychological diagnosis or conditions*** *you MUST declare these BEFORE undergoing treatment.*  |
| **Fees** The fee structure has been explained to me. Further treatment will be at an additional charge. I am personally responsible for payment of these fees. I understand that late payment may attract interest at the existing highest commercial rate. **General Conduct and Post procedure care**I understand that sun exposure or tanning of any sort may increase risk of complications. I undertake to avoid sunbed (UV lamp) exposure at all times.Damaged Skin - Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following treatment by lasers or other surgical techniques. The occurrence of this is not predictable. Additional treatment may be necessary. I understand that a good outcome after laser procedures is dependent on good post-operative care, as advised by the specialist on the day. I confirm that the post-procedure care has been duly explained, and that I have understood it and undertake to follow it. I understand and agree that any responsibility arising from complications occurring due to my lack of compliance with the advised post-operative protocol is not to be carried by my consultant, who shall be exempted from liability.I hereby state that post-operative instructions concerning appropriate restriction of activity, use of lotions and medications post-procedure, and use of sun protection have been explained to me. I understand and agree that post procedure recovery can vary and hold Professor Azzopardi free and harmless from any impact on social, professional and personal activities including but not limited to travel and weddings. I undertake treatment in good faith as a patient I understand that these protocols may involve highly specialist procedures which may cause irreparable damage to others when used by inappropriately trained and or inexperienced and or unqualified others. I undertake not to provide or cause to be provided such treatment to others unless appropriately trained and licensed. In such circumstances, I undertake full and unlimited liability for the consequences of such actions, including vicarious liability, third party liability, loss of reputation and loss of business.**Off Label modalities**Treatment may include “off label” modalities, or medications. The options, risks, implications and risk-benefit have been advised, and I consent to undergo such treatment. ***By signing this consent form, I hereby declare that:*** *All therapeutic options including reasonable alternatives or variant treatments, attendant risks and benefits, implications, complications and their significance in my particular medical personal and social circumstances have been thoroughly discussed. This includes the option of not proceeding with treatment.* *My questions regarding my treatment, its complications, its side effects and material risks involved have been answered. I certify that I have read and fully understand the above and I have had sufficient opportunity to discuss this and to ask questions.**I have been given every opportunity to raise questions, in advance of the procedure in question, and these have been appropriately answered to my satisfaction.* *I have been offered a letter, and I have been advised to forward this to my GP if I am happy with sharing this information with said GP.**I confirm that consent discussions have taken place on at least two occasions with a cooling off period in between, with at least one consultation held face to face.**On occasion, I may be followed up by another qualified professional. I consent to my medical details being shared with another health professional when this is deemed in my interest**The risks and possibilities explained to me with regard to this treatment are equally applicable to similar future treatments I may receive on a rolling bases until I request cessation of treatment in writing.**I further declare that I have not undergone any cosmetic surgery or interventions of any sort by any unlicensed third party or by any professional or entity situated in Turkey.**I declare I have read and agree to the terms and conditions document in force at the time of signing, available on* [*www.skinsurgeon.eu*](http://www.skinsurgeon.eu)*. In addition, I agree to the terms and conditions imposed by the place of practice, without prejudice to this agreement.* *I agree that complaints will be in the first instance subject to inhouse complaint handling service, and if subsequently necessary an external review process.* *Jurisdiction and territory: Treatment undertaken is subject to jurisdiction of the same territory where the treatment occurred, absolutely and irrevocably unless agreed priorly in writing.**I have read and understood the product advisory leaflet and summary of product characteristics sheet. All questions regarding my treatment, its complications and its side effects have been answered.* I hereby give my informed consent to the procedure. |
|  |

|  |  |  |
| --- | --- | --- |
| Consultant Signature & dateMr Azzopardi  | Patient Signature & date  | Witness signature & date |

**Optional: I consent to having photographs and authorise their anonymous use for the purpose of audit, education and promotion on written and electronic media including social media, scientific publication.**

**Yes NO ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**