

INFORMED CONSENT FORM - PDO THREAD LIFT PROCEDURE

The PDO (Polydioxanone) Thread Lift and Smoothing procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The PDO Lift procedure is effective in most cases, however there is no guarantee a specific patient will benefit from the procedure. The nature of cosmetic procedures may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular condition. Alternative Treatments: Alternative forms of non-surgical and surgical treatment consist of surgical facelift, laser, full-face CO2 laser, dermal fillers, local muscle relaxer (Botox, Dysport, Xeomin), chemical peels or inaction. Every procedure involves a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your practitioner in order to make an informed decision.

Possible Risks and Side Effects Associated with PDO Thread Lift Procedure:

- ❖ **Discomfort:** Some discomfort may be experienced during treatment.
- ❖ **Scarring:** May cause scarring; sutures are inserted using a small needle, which must heal. A scar at entry point may occur.
- ❖ **Bruising, Swelling, Infection:** With any minimally invasive procedure, bruising of the treated area may occur along with the potential for swelling. Infection is rare, but with any injection or incision into the skin, the possibility exists.
- ❖ **Bleeding:** You may experience some bleeding during the procedure
- ❖
- ❖ **Allergic Reaction:** Allergies are possible for liquid threads ingredients
- ❖ **Anesthesia:** is not required but if your client is sensitive you can use lidocaine
- ❖
- ❖ **Partial Laxity Correction:** PDO Lift may not correct all your facial laxity or sagging.
- ❖ **Delay Healing:** Complications may ensue as a result of smoking, using a straw, or similar motions. Smoking and similar actions are STRONGLY discouraged.
- ❖
- ❖ **Contraindications:** Any known allergy or foreign body sensitivities to PDO Liquid ingredients

Additional Procedures May Be Necessary:

- In some situations, it may not be possible to achieve optimal results with a single PDO Lift procedure and other procedures may be necessary. Although peak results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.
- I understand that no warranty or guarantee of specific result has been made to me. I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment, and could result in a delay to one's normal daily activities and thus economic loss.
- I understand my practitioner may discover other conditions which require additional or different procedures than planned treatment. I authorize my practitioner and his or her associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.
- I understand my cheeks/jowls may not achieve the desired improvement anticipated.
- I understand the results may relax over time and additional procedures may be required.
- I consent to the taking of photos before, during or after the procedure to document my progress.
- The nature of the elective procedure, its risks and potential complications have been fully explained to me along with available alternative treatments and their benefits and risks has been discussed. I understand I have the right to refuse treatment. I have been instructed to and agree to abide by all safety precautions and post treatment instructions and have been given a written copy. I understand no refunds will be given for received treatment and no guarantee(s) have been given regarding the results.
- I release the facility
- I understand the results may relax over time and additional procedures may be required.
- I consent to the taking of photos before, during or after the procedure to document my progress.

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I release the facility, Technician from liability associated with this procedure

Patient signature _____

Date_____

Service provider signature_____