



### **CONSENT FOR PDO THREAD LIFT PROCEDURE OR TREATMENT**

I, \_\_\_\_\_ hereby authorize Rainforest Med Spa to perform the PDO thread lift procedure.

- Rainforest Med Spa has explained to me the potential benefits and risks of this procedure, the details of the technique, and the materials used. Rainforest Med Spa has also explained the possible temporary complications as well as the recovery period. I have received information on the physical and mental consequences of having a thread lift procedure.
- I understand that the final results of the procedure will not be seen for a period of 4- 8 weeks. I understand that there may be possible adjustments required after the procedure as a result of individual responses depending on tissue settlement.
- I recognize that during the course of the procedure and medical treatment or local anesthesia, unforeseen circumstances may necessitate modifying the procedure, resulting in different procedures(s). I therefore authorize Rainforest Med Spa and his staff to perform such other procedures that are in his or her professional judgment necessary or desirable.
- I have advised Dr. Purvin of my medical history including all previous illnesses and medications currently being taken.
- I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications and injury.
- I acknowledge that no guarantee has been given regarding the results that may be obtained.
- I understand that there is a minimal risk of infection and if necessary; antibiotics will be prescribed.

- I understand that I am required to attend post-procedure follow up as advised by Rainforest Med Spa for the best outcome for the procedure.
- In the event of the necessary removal of one or more of the threads I accept that such procedure be carried out by Rainforest Med Spa.
- For the purposes of advancing medical education, I consent to the admittance of observers to the procedure room.
- I consent to the disposal of any tissue and/or medical devices that may be removed.
- I consent to photographs being taken as a record of treatment: such photographs will not be used for any other purpose without my express permissions.

I hereby consent to the thread lift procedure. I have read the material given to me and I am satisfied that all of my questions and concerns have been addressed.

Patient Name: \_\_\_\_\_

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

Rainforest Med Spa

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_