



## CONSENT TO PDO/PLLA THREAD LIFT PROCEDURE

PATIENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

The PDO (polydioxanone)/PLLA (Poly-L-Lactic Acid) Thread Lift 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 procedure 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.

### RISKS AND COMPLICATIONS

I understand that clinical results may vary according to my skin type. I also understand that there is a possibility of short-term effects such as reddening, mild discomfort, bruising and swelling at injection site, bleeding and in very rare cases allergic reaction. Further, I understand that in extremely rare cases slight asymmetry, thread visibility and pigment changes may require additional treatments. All side effects have been fully explained to me.

### PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations.

### PREGNANCY, ALLERGIES & DISEASE

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 which would prohibit me from receiving any of the above-mentioned treatment. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to Lidocaine.

### PAYMENT

I understand that this is an "elective" cosmetic procedure and that payment is my responsibility and is expected at the time of treatment.

### RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time.

### ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

### RESULTS

I am aware that full correction is important and that follow-up enhancement treatments will be needed to maintain the full effects. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue conditions, my general health and life style conditions, and sun exposure. By consenting to treatment, the patient understands that desired results are not guaranteed. Future treatment may be necessary. The patient understands that if future treatments are necessary the patient is responsible for full payment at the time of treatment. I have been instructed in and understand post-treatment instructions and have been given a copy of them.

I hereby voluntarily consent to treatment by EFC Medspa and release EFC Medspa, medical staff and technicians from liability associated with the procedure. The procedure has been fully explained to me. I have read the above and understand 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 I will notify the office immediately.

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

