

PLLA (Silhouette) Threadlift Consent Form

Master class or congresses demonstrations

I undersigned.....City.....

Country.....tel.....email.....

This informed consent is prepared to help patients to understand risks and advantages of these procedures. MACROBUTTON HTMLDirect

Risks and potential complications are associated with alternative forms of treatment. Also minimally invasive procedures involve a certain amount of risks.

I'm allergic to.....

I had these procedures in the past.....

I know to be in a master class or congress workshop. It is possible doctors will inject me under the supervision of the tutor.

It is possible you can experience:

- some discomfort may be experienced during treatment. I give permission for the use of local anaesthesia. MACROBUTTON HTMLDirect
- Hiper-pigmentations and Small scars, although unusual, may occur at the puncture site
- bleeding, bruising, swelling, infections may occur
- nervous and vascular damage, even if very rare
- allergic reactions

The duration of the correction is variable in base of the frequency with which the zone of the implant is stimulated; basically the result reaches its maximum from 6-8 till 12-14 months after the first implant, but it varies from patient to patient.

MACROBUTTON HTMLDirect The result can be not complete or even absent for atrophic tissues, especially for medical minimally invasive sutures. Other successive treatments can be required. I understand that my cheeks or jowls may not achieve the desired improvement in shape that was anticipated and no warranty or guarantee has been made to me as to result or cure.

PLLA threads are inserted through a very small incision. Little steri-strips will be placed at the end of the procedure.

After care:

- No sun for 30 days
- No strong movements of the mandible
- No odontoiatric procedures for 3 weeks
- Antibiotic tablets, Levofloxacin 500 mg 1 x day for 10 days

I confirm to have understood that I'm in a master class or congress workshop, and young doctors can inject or treat me.

I give permission for the use of my images or movies for scientific purposes.

I have understood this document and I had the possibility to ask all the questions I had.

After having taken note of the illustrated situation, I accept the suggested medical procedure.

Patient's signature

Doctor's signature

date