

HealthCare Stat



PDO Thread Consent Form

Patient Information:

• Name: _____ Date of Birth: _____

• Phone: _____ Email: _____

Procedure Information: I, the undersigned, hereby consent to undergo the PDO (Polydioxanone) Thread procedure. I have been provided with information regarding the procedure, including its purpose, potential benefits, risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers.

Purpose of PDO Thread Procedure: The PDO Thread procedure is intended for [provide a brief description of the purpose, e.g., facial rejuvenation, lifting, etc.].

Procedure Description: PDO Thread procedure involves the insertion of Polydioxanone threads into the [specify treatment area, e.g., face, neck, etc.] to achieve the desired cosmetic effect.

Potential Benefits:

- Improvement in skin firmness and elasticity.
- Reduction of fine lines and wrinkles.
- [Other potential benefits specific to your procedure].

Potential Risks and Complications:

- Swelling, bruising, and redness at the injection sites.
- Infection at the injection sites.
- Allergic reactions.
- Nerve damage.
- Unintended asymmetry.
- [Other potential risks and complications specific to your procedure].

Alternatives: I have been informed of alternative treatments and procedures, including but not limited to [list alternative treatments], and I understand the potential risks and benefits associated with each.

Voluntary Consent: I understand that the PDO Thread procedure is elective, and I have chosen to undergo this procedure of my own free will. I understand that results may vary, and there are no guarantees of specific outcomes.

Financial Responsibility: I understand that I am responsible for the cost of the PDO Thread procedure, and any additional costs that may arise due to complications or unforeseen circumstances.

Photographs: I consent to the taking of photographs before, during, and after the procedure for documentation and educational purposes. My identity will be protected, and these photographs will be used solely for medical purposes.

Follow-up Care: I understand the importance of following post-procedure care instructions and attending any recommended follow-up appointments.

I have read and understood the information provided above, and I willingly consent to undergo the PDO Thread procedure. I acknowledge that no guarantees have been made regarding the results of the procedure.

Patient's Signature: _____ Date: _____

Witness (Healthcare Provider): _____ Date: _____

Ensure that you adapt the form to comply with your local regulations and the specific details of your healthcare facility and the PDO thread procedure you are offering.