



## GENERAL PATIENT CONSENT FORM

**Patient name:**

**Procedure type:**

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I understand that results will vary between individuals.

I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.

The procedure and side effects have been explained to me including alternative methods; as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment.

I am aware that the treatment is not permanent as natural degradation will occur over time.

I authorise the practitioner to perform this procedure.

When completing the medical questionnaire, I have answered the personal medical history questions fully and to the best of my ability.

I state that I have read (or it has been read to me), I understand this consent and I understand the information contained within.

☐ **I am fully aware of the risks and benefits of the treatment and authorise the practitioner to treat me.**

☐ **I have read the updated COVID-19 policy and agree to follow the required health and safety measures whilst visiting Opal Skin Clinic.**

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**Patient's signature:**

**Date:**

I confirm that I have fully informed the above named patient about the risks and benefits.

**Practitioner's signature:**

**Date:**