



**OP. DR. AHMET CAYMAZ**

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### **MATTERS TO BE CONSIDERED AFTER FILLING APPLICATION:**

-Do not touch the application area.

-Cold the face with a cold gel pack wrapped in a towel for 15 minutes every 2 hours. compression should be done. Cold compress application should be continued for the first 24 hours.

Despite all these precautions, bruising may occur on the face; but this bruise will disappear on its own.

- If the physician deems it appropriate, various creams and oral medications can be used for the treatment of edema, redness and bruising on the face. No cream should be applied to the face and oral medication should not be used without consulting a physician.

-Make-up application can be done after at least 24 hours.

-Do not massage the application area for at least 1 week.

-Avoid intense sports for 1 week.

-Avoid hot environments such as sauna and jacuzzi for 1 week.

- If lip filling is done, do not contact with a hot-cold substance for 2-3 days.

- If an unexpected effect is observed, please contact your doctor.

Diagnosis \_\_\_\_\_

Treatment/procedure to be applied \_\_\_\_\_

Side/grade if applicable  Right sided  Left sided  Both sided Grade \_\_\_\_\_

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

<b>Patient's</b>			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
<b>Legal Representative's</b>			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
<input type="checkbox"/> Patient is not conscious	<input type="checkbox"/> Patient is under 18		
<input type="checkbox"/> Patient is not entitled to make decision	<input type="checkbox"/> Emergency		
<b>Witness'</b>			
Full Name:	Signature:	Date:	Time:
<b>Informing Physician's</b>			
Full Name:	Signature:	Date:	Time:
<b>Interpreter's (If required)</b>			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.