



OP. DR. AHMET CAYMAZ

KBB HASTALIKLARI, BAŞ & BOYUN CERRAHİSİ

Name Surname:

Age:

Birth of Date:

Gender:

Notification Date:

Time:

This form is intended to inform about the application of mesotherapy and its possible risks and complications (undesirable results). Please read the form carefully. If you have questions or points that you do not understand, please ask your doctor for help. Mesotherapy is a special injection method that is applied to the middle layer of the skin of special drug mixtures prepared for different purposes, using special needle tips. Mesotherapy can be applied to the face, neck and décolleté to renew, moisturize and revitalize the skin. It can be applied to the scalp in order to revitalize the hair in case of hair loss. It can be applied to the arms, abdomen and legs in the treatment of regional slimming and cellulite. The products used in mesotherapy are hyaluronic acid, vitamins, proteins and minerals. The mesotherapy method acts by renewing the fibers that provide the elasticity of the skin, regulating the circulation under the skin and reducing the subcutaneous fat tissue. Mesotherapy is done in sessions at certain intervals. Local anesthetic creams can be used as there may be pain during the application. In order to get good results from the treatment, regular sessions are necessary. I understand and accept that photographs or video images can be taken during the application and can be used in educational and scientific studies (if you do not want, cross the sentence)

Are you at risk of pregnancy?

Yes No

Do you have an infection in the application area?

Yes No

Are you breastfeeding?

Yes No

Are you using medication?

Yes No

Do you have diabetes?

Yes No

Do you have allergies?

Yes No

Do you have a tendency to bleed?

Yes No

Have you had surgery on the underarm area?

Yes No

Do you have a systematic infectious disease?

Yes No

Do you use antibiotics (aminoglycosides) or muscle relaxants?

Yes No

Did you use aspirin or blood thinners before the application?

Yes No

Do you have migraine attacks?

Yes No

Did you apply any cosmetic product to the application area?

Yes No

Have you had a filler application before?
If yes, have you encountered an allergy or unexpected event?

Yes No

Do you have HBsAg, HCV or HIV positivity?

Yes No

Do you have active skin disease?

Yes No

Patient Name - Surname(*)

Witness Name - Surname (**)

Responsible Doctor Name - Surname

Signature

Signature

Signature

(*)It is signed by the legal guardian if the patient is a minor. (**)The patient has vigilantly and consciously signed the form in my presence.



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Mesotherapy Patient Information and Consent Form Side Effects

That May Develop After Mesotherapy Application

Redness, Bleeding
Bruise
Injection
Allergic reactions
Burning, itching
Edema

Before the Application to be Considered

Before the application Please come well rested.

Do not consume alcoholic beverages before the application.

At least three days before: ginko biloba, blood thinners, green tea, aspirin and non-steroidal anti-inflammatory (rheumatic) drugs should be discontinued.

MATTERS TO BE CONSIDERED AFTER THE APPLICATION

Not touching the application area

Not taking a bath for one day after the application

Protecting from the sun on the application day

Using the creams recommended by your doctor after the application

Consult your doctor if an unexpected effect develops

Information about you (identity, illness, treatment) will not be released without your consent and court order. If there is a possibility that you can look at your own file and exit, you cannot look at the result of third parties. The side effects that will occur will be evaluated by the doctors of our center and the improvement (prescription, regulation, medical intervention, emergency response) procedures are designed by our doctor and health personnel. Try listening to health studies that help host apps. If you let us know, the most appropriate personal change will be made.

By signing the place where my name is written below, I have read this information and consent form, my doctors have given me verbal and written information about the procedures to be done in a language that I can understand, all my questions have been answered and I have obtained all the information necessary for me (Patient Rights Regulation, Official Gazette, Date: 01.08.1998 Issue: 23420) I declare that I allow my doctors to carry out the Mesotherapy procedure with my free and open will.

Patient Name - Surname(*)

Signature

Witness Name - Surname (**)

Signature

Responsible Doctor Name - Surname

Signature

(*)It is signed by the legal guardian if the patient is a minor. (**)The patient has vigilantly and consciously signed the form in my presence.