Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender: male / female

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_

Consent for procedures

Name of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The customer must carefully read and understand the contents of this agreement before receiving the above course of treatment and signed at the end of the consent.**

* Clinical treatment results show that the results of injection or thread-lift are dependent upon many internal and external factors such as different treatment sites, skin types and characteristics, lifestyle, injection dose, injection position, age and individual metabolic rate, thus there are variations in the end results amongst different individuals.
* For customers who want to improve the body or face, in addition to the above treatment. Alternatively, clients can **choose NOT to take any course of treatment**。
* Other common **s**ide effects include: unnatural expression, asymmetrical, swelling of the injection site, lumps, redness, Itchy, bruised. sense of tension, pain, allergic reaction, pigmentation after inflammation, and headache. The above side effects are only temporary, generally a brief period will reply. Rare side effects include but are not limited to: (Proliferative)Scar, granuloma, thread protrusion, disconnection, inflammation, bacterial infection, etc.
* **"Botox":** There are side effects during treatment, Including, but not limited to: The expression is not natural, asymmetrical, eyebrow shape change or eyelid droop, skin tightness, eyebrows droop and headache and so on. Occasionally after the injection, chewing, swallowing, pronunciation and the muscles of the neck will have the feeling of weakness, pain and soreness, or facial and mouth-shaped asymmetry, the above situation will be recovered with the metabolism of the drug over time .
* **"Filler":** These side effects following filler treatment is very rare but serious side effects include but not limited to: blindness, stroke.

Please answer: Do you have binocular Vision [yes/ no] 。

* **Persons not suitable for treatment:** including but not limited to: pregnant or lactating women, severe hypertension, long-term diabetes, autoimmune disease, long-term use of hormone patients (asthma, allergic complications), skin disease acute stage of malignancy, chronic functional disease, or prone to scar formation and hyperplastic scar. Do you have any of the above condition: [yes/ no]
* If you are receiving and have recently used Chinese medicine, western medicine, Ginkgo biloba, vitamin E, contraceptives, hormonal preparations, anticoagulant drugs (Aspirin) and coagulation mechanism abnormalities, have increased risk of post-treatment bleeding and bruising. Medical advice and medical staff or therapists must be consulted to make appropriate arrangements and treatment.

Does this apply to you [yes/ no]?

Sculptra – must be pre-mixed/ diluted with saline water in advance, at least72 hours beforehand。 Since the injected material after opening may deteriorate, therefore, where the purchase of treatment, and once the injection of Sculptra, a course of treatment must be carried out within one months, or the expiry date will be discarded, and the customer will still be required to pay the fee. Do you agree ? [yes/ no]

* I need to get more information from materials provided for by manufacturers and I need extra time to consider if I would receive treatment or not.
* **Photo Filing** - Now the customer agrees to the photo taken by the customer as a treatment record and a review. The information will be properly maintained and will not be used for public and advertising purposes. The doctor may refuse to undergo the treatment if clinical photos are refused to be taken.

The customer himself clearly understands the above situation, and has read in detail the contents of the consent, and in respect of all the issues raised by the customer, including but not limited to its side effects and therapeutic effects, may lead to complications, sequelae (the possibility of inflammation and subsequent treatment instructions, expected treatment effect, recovery period, After the treatment of the importance of care, repair and rehabilitation of the possibility of treatment, after the course of attention, etc., has been detailed and perfect explanation and answer.

The customer hereby agrees and accepts all the above contents and terms and is willing to undergo a course of treatment, and clearly understands the side effects of the course. The customer himself is also willing to accept the course of treatment on a voluntary basis and is prepared to take on all the risks and side effects of the course of treatment and to understand that the therapeutic effect varies.

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Doctor Signed Customer Sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature Date of signature[ ] Before surgery premed paracetamol 500mg as treatment may be uncomfortable painful

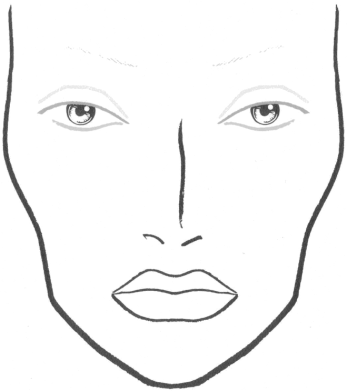
(Drug sensitive 無 / 有 \_\_\_\_\_\_\_\_\_\_\_\_ )

[ ] Surgery前Photo [ ] Surgery後Photo [ ] Guest refuses to take pictures

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( \_Unit/ml) ; 新/舊 ; G\_磘

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_Unit/ml) ; 新/舊 ; g\_磘

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_Unit/ml) ; 新/舊 ; g\_磘

0000[ ] Left and right asymmetry

[ ] Anesthesia

Concurrent procedures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Come home after surgery (special advice) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] transamin/ anti-bruising cream (stop bleeding if any, minimize bruising)

[ ] paracetamol (oral analgesics) [ ] Antibiotics

Phone-Medical attention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_