

CLIENT INFORMATION**Please fill form in block capitals - thank you**Full Name: DOB: Address: Phone: Email: Postcode: **Please opt in to receive communication via:**Email SMS Mobile **GP Details**Name: Address: Tel: Email Postcode:

I understand that results differ from person to person, and personal maintenance between sessions is important. It is delivered via a series of superficial injections and multiple punctures. The use, indications, contraindications and potential adverse effects of the treatment with NCTF® and M-HA® have been explained to me.

- I have answered all the questions in a medical questionnaire, truthfully, with regard to my medical history.
- I have declared any known allergies or potential contraindications.
- I was able to ask all the questions I wanted and was given satisfactory answers.
- My practitioner has given me information regarding complications, potential side effects and pre- and post-treatment care.
- I understand that possible side effects include redness or mild inflammation, which usually resolve within a few days.
- Mild Edema and small ecchymosis (bruising) may occur but disappear within 48 hours.
- Minimal bleeding at the injection/puncture site can occur and stops rapidly and spontaneously after the injection.
- Transient pain at the injection site is possible. These reactions can persist for one week; reactions occurring beyond that or the late onset of any other adverse event must be reported to your practitioner or family doctor as soon as possible.

CLIENT DECLARATION

I, the undersigned, declare that I have been made aware of and perfectly understand the information provided to me about micro-needling / multi-injection bio-revitalisation treatment administered for aesthetic purposes. I give permission to my practitioner, expressly without any reservations, after taking time for reflection, to carry out the treatment.

I have read and understood the instructions for pre- and post-care and consent to undergo the procedure. I confirm I have had the opportunity to ask questions, that these have been answered to my satisfaction, and that I freely choose to proceed with my treatment.

Client Signature: Date: Practitioner Signature: Date:

For concerns, please contact: #01234 567890# or youremail@gmail.com

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.