Beauty Lift Threads Consent Form

I voluntarily consent to undergo Beauty Lift Thread treatments provided by my practitioner.

I understand that Threads can be used in a number of areas including face, jaw line, eye area, joules and décolletage.

I have been advised by the practitioner what the treatment involves. I understand that the treatment requires small injections around the area to be treated and a topical anaesthetic may be used if deemed necessary.

I understand that the benefits with Beauty Lift Threads will vary from patient to patient. I understand that the results are not guaranteed and will vary according to my own biological response.

I understand that there are alternative treatments available for wrinkles and face lifts.

I understand that there are risks with any procedure. Complications of Beauty Lift Threads are rare and usually self-limiting, but include the following:

- **Discomfort**: Slight jagging sensation as new collagen is produced around the threads. This may last for 2 weeks.
- **Bruising**: Occasionally the needle may puncture a small blood vessel resulting in a bruise.
- **Swelling and Redness**: This may result following the procedure due to the injection with a needle.
- **Scarring**: Scarring may result from multiple injections, but this is very unlikely.
- **Allergic Reactions**: Although exceedingly rare, the possibility exists of an allergic reaction.
- **Infection**: Since Beauty Lift Threads procedure involves injections, there is a theoretical risk of developing an infection at the injection site. This is also exceedingly rare.
- **Discolouration**: Transient or permanent skin pigmentation changes can sometimes occur at the injection sites.

By signing this form, I acknowledge that I have been informed about the above procedure and the treatments and I give consent to this.

1. I have met the Doctor overseeing my treatment and I have discussed all treatment options available to me.
2. The Doctor has fully informed me and I understand that the results of Beauty Lift Threads are individual and vary depending on the area treated and skin type. Therefore, no guarantee can be made as to the results of the treatment.
3. I understand that the effects of the treatment with these products can last on average up to 36 months or more with complete treatment, but that in some cases duration of the effects can be shorter or longer. Touch up and follow up treatments may be needed to sustain the desired degree of my treatment.
4. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures.
5. I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance.
6. I understand that I am responsible for all costs payable at the time of service.

By my signature, I certify that I have thoroughly read and understand the contents of this form and that the disclosures listed above were made to me. I also acknowledge that no written or implied verbal guarantee, warranty or assurance has been made to me regarding the outcome of the procedure.

Signed: