铂颜医美
Boen Medical Cosmetics

Boen Medical Cosmetics Clinic Ltd.
117-9288 Odlin Rd. Richmond, BC V6X 0C3
info@boenlaser.com | boenlaser.com

INFORMED CONSENT FOR COSMETIC PROCEDURE TREATMENTS

THE TREATMENT

COSMETIC PROCEDURES are defined as the following:

1. LATISSE
2. REDENSITY 1&2
3. BELKYRA
4. BOTOX
5. FILLER(S)
6. MICRONEEDLING
7. MICRODERMABRASION
8. LASER THERAPY
9. ULTHERAPY
10. COOLSCULPTING
11. BODYSCULPTING THERAPY
12. SKIN REJUVENATION PROCEDURES

RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising. 2. Double vision, 3. A weakened tear duct, 4. Post treatment bacterial, and/or fungal infection requiring further treatment, 5. Allergic reaction, 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache and 9. Flu-like symptoms may occur.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenia gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. I do not have any allergies to the toxin ingredients, to human albumin or eggs.

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ALTERNATIVE PROCEDURES
Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

PAYMENT
I understand that this is an “elective” procedure and that payment is my responsibility and is expected at the time of treatment.

RIGHT TO DISCONTINUE TREATMENT
I understand that I have the right to discontinue treatment at any time.

RESULTS
I am aware there are differing results amongst different patients and will accept a range of result efficacies. I am also aware of the risks involved with the treatment and consent to it without limitations.

I understand the above, and have had the risks, benefits, and alternatives explained to me. No guarantees about results have been made. I give my informed consent for cosmetic treatments today as well as future treatments as needed.

PRIVACY
Boen will protect and not release any patient information, photos, without patient consent.
To waive this policy, initial here: _____

PATIENT NAME: _____

SIGNED: _____

DATE: _____