

# MESOTHERAPY CONSENT FORM



I consent to Mesotherapy and I accept the side affects that are possible.

	Initial
Redness and swelling	_____
Bruising	_____
Infection	_____
Scars	_____
Localized and severe allergic reaction	_____
Pain and persisting pain	_____
Skin and fat necrosis	_____
Cardiac disturbance	_____
Failure and partial failure of procedure	_____
Other unexpected and further investigation treatments for these	_____
Loose skin	_____
Adjacent structure damage (nerve and vascular supply)	_____

Having discussed the reasonable expectations of the mesotherapy with me, and having had all of my questions answered to my satisfaction, I authorise and direct Dr. Glenn Murray and the assistants of his choice to perform this procedure. I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee as to the outcome. I release Dr Murray and all associated staff from medico-legal liability.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have discussed all of the above with the patient and have answered all questions regarding the procedure. I believe the patient fully understands what I have explained and answered.

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_