



Dr. Mojan Zehtabchi (ND)
www.drznd.com
1-(844)-DIAL-DRZ
1-(844)-342-5379

Mesotherapy informed Consent

Patient name: _____	Assistant: _____
Address: _____ _____	
City/Town: _____	Attending ND: _____
Postal Code: _____	_____
Phone: _____	

I hereby authorize and direct Dr. Mojan Zehtabchi N.D. or any licensed doctors, nurses, physician associates or qualified staff members employed by Dr. Mojan Zehtabchi N.D. to perform Mesotherapy treatments and any other measures which, in their opinion, may be necessary.

I understand that this procedure involves using many small injections around the areas to be treated, and also I understand that more than one (1) treatment is required. I am aware that the administration of topical anesthesia may be used if deemed needed. I understand that Mesotherapy has been shown to be a safe alternative.

The following points have been discussed with me:

- Potential benefits of the proposed procedure (Including, but not limited to: cellulite reduction, skin tone improvement, wrinkles reduction, and pain reduction or elimination)
- Possible alternative procedure (Examples include, but not limited to the following: Face Lifts, Microdermabrasion, Facial Peels, Liposuction, Prolotherapy, Pain Medication, Nerve Block, Cortisone Injections)
- Probability of success. The clinical evolution of Mesotherapy data suggests that most clients achieve their goal in the treated area on average; clients see some results after 4-6 Mesotherapy sessions. A small percentage of clients may require more than the average number treatments. In order to obtain faster and better results, it is suggested to follow certain instructions given by the physician and sometimes to combine with other procedures.
- Reasonably anticipated consequences if the procedure is not performed



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- Most likely possible risks involved with the proposed procedure and subsequent healing period, including but not limited to allergies, infection, scarring and/or bruising. The effects are not permanent; it takes 4-5 days to heal.
- Post treatment instruction

I am aware of the following possible experience with Mesotherapy:

Discomfort: minimal pain may be experienced during Mesotherapy treatment due to actual injection and some medications cause burning sensation over the affected area

Bruising/ Redness/ Swelling/ Inflammation/ Infection: With Mesotherapy, bruising of the area treated may occur. Additionally, there may be some swelling noted, especially after treatment puffiness. Finally, although exceedingly rare, skin infection is a possibility, whenever a skin procedure is performed. Swelling and Redness may occur as the medication starts to work.

Wound Healing: Mesotherapy can result in swelling, bruising or blistering of the treated areas, which may require one week to heal.

Allergy: during the healing process, there is a possibility that the treated area can become red and itchy.

Scarring: scarring is a rare occurrence, but it is a possibility when the skin surface is disrupted. To minimize scarring, it is important to have an assessment before treatment.

Discoloration: Although extremely rare, transient or permanent skin pigmentation changes can sometimes occur at injection sites.

Acknowledgement

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible risks.

I understand that the effects of the treatment with Mesotherapy are individual and vary depending on the area treated, skin type and use of different techniques and products. I am aware that no guarantee can be given as to the final obtained result.

I confirm that I am not pregnant, nor breast feeding, nor suffering any medical condition asked by the counselor.

I am fully aware that my condition is of cosmetic concern and the decision to undergo treatment is based solely on my expressed wish to do so. I understand and acknowledge that the payments for this procedure are non-refundable.



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By my signature below, I certify that I have read and fully understand the contents of this consent form for Mesotherapy treatment and that the disclosures herein were made to me.

Patient or Lawful Representative Signature

Date Signed

Witness Signature

Witness Relation to Patient

Attending ND Signature: _____

CHANGE OF INFORMED CONSENT

I do hereby voluntarily consent/withdraw my informed consent for the recommended Mesotherapy procedure(s). I also understand that I may change the status of my voluntary informed consent at any time.

Patient or Lawful Representative Signature

Date Signed

Witness Signature

Witness Relation to Patient

Attending ND Signature: _____

*Witness signature advised but not necessary