

Consent form for Acne Surgery

I named aged years, have been advised to undergo pimple scar surgery The procedures to be performed for me are: SUBSCISSION/DERMAROLLER/TCA CROSS/ PUNCH FLOATATION/PUNCH ELEVATION/ RADIOFREQUENCY/ MICRODERMBRASION for my skin condition.

I hereby give my consent after being explained about these procedures by Dr. I also state that I have understood the following information:

1. I have understood that pimples is a common disorder of the skin with on & off course & they at times tend to heal leaving behind marks or scars & I may need to take drugs to prevent further recurrence of pimples.
2. I am aware that pimples surgery is a cosmetic procedure to improve the appearance of the scar and a combination of different procedures may be essential for optimum results
3. I am aware that multiple sessions(4-6) are needed
4. I have been explained the procedure as follows:
 - a) The procedure will be done either under local anesthetic injection/ topical an aesthetic cream
 - b) I have to wait for 30-45 min after the application of the anaesthetic cream for the cream to act before the actual procedure.
 - c) After the procedure there may be slight redness & swelling of the treated area for 1-2 days (in case of MDA, chemical peel, TCA cross) & 4-5 days (in case of Pixel laser/ Dermaroller/ Subscission)
5. I have been explained about the post procedure instructions, I have understood them & will follow them.
6. I am aware that for optimum cosmetic results, it may take 2-3 weeks. I may need follow up treatment during this period

I have fully understood the above information after reading it/being translated the same by I hereby give consent for Dr. to perform the procedure and other medical service that may become necessary during the procedure. I hereby give consent to take my photographs which will not be used for publicity.

Signature of the Doctor /-
Date:

Signature of the Patient /-
Date: