

Informed Consent – Collagen

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Informed consent for Collagen

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

The collagen used in this treatment derives from porcine. The last material derived from the treatment of swine collagen were well tolerated by the human body for the great affinity of these tissues with the human collagen: in fact they do not need any allergic test.

With this material it is possible to reduce the depth of wrinkles and increase the subcutaneous volume. You can also increase the profile, volume and fullness of lips.

In the following phase, for several days and rarely, swelling and reddening may occur in the treated zone but it goes away spontaneously without any other compliance; rarely small haematomas may occur.

In the 2-3 following days after the treatment, it is important to avoid the exposure to too hot or too cold temperatures.

The duration of the correction is variable based on the frequency with which the zone of the implant is stimulated; we can consider an average of 4-5 months up to a year with the last generation of collagen, but it can be even less or even more, and in every case it varies from patient to patient. The implant of collagen is not painful. An anesthetic lotion is used half an hour before the treatment. Sometimes an injective anesthesia might be necessary.

In literature very few inflammatory and infective reactions occurred. Few re-touch sessions might be needed. Haematomas may develop. The procedures and the used equipment are recognized as the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use.

I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary.

After having taken note of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
