

Informed Consent – Tricalcium Phosphate ATLEAN

Dr. Alessio Redaelli

Via Di Vittorio 24 20070 DRESANO

Informed consent for implant of Tricalcium Phosphate (FTC) ATLEAN

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).

Tricalcium phosphate, **Atlean**, is produced by chemical synthesis and has a total biodegradability and it is biocompatible if injected in human tissues. It is dispersed in pure hyaluronic acid.

This substance has no allergic risk (as result from a wide literature at world level). With the FTC is possible to reduce the depth of wrinkles and increase the subcutaneous volumes.

The immediate effect is the filling due to the quantity of the injected hyaluronic acid. To see the result of the stimulation with the FTC, more time is require in order to allow the substance to stimulate the production of neocollagen.

In the 2-3 following days after the treatment, it is important to avoid the exposure to too hot or too cold temperatures and massage the zone of the implant in the morning and in the evening for about 10 minutes.

The duration of the correction is variable based on the frequency with which the area of the implant is stimulated; the maximum result occurs between 6 and 8 months after the first implant, but it varies from patient to patient.

The implant with FTC is not painful. An anaesthetic lotion is used half an hour before the treatment. In literature very few inflammatory and infective reactions occurred, and rarely the appearance of subcutaneous nodules appeared.

Swelling and haematomas are possible even for several days.

Maybe few other sessions may be necessary (usually after a month).

The procedures and the used equipments are the most suitable from a scientific-medical point of view.

I declare however to be allergic to these following substances:

.....

and to have already done the following aesthetic therapies:

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I also declare to suffer from the following diseases:

.....

I authorize the treatment of my iconographic data for scientific and medical use. After having taken note of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
