

Informed Consent – Bio revitalization

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Informed consent for Bio revitalization

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 REVITALIZATION of face, neck, décolleté and hands consists on the injection of particular substances such as amino acids, nucleic acids, vitamins, antioxidant substances and pure bio interactive Hyaluronic acid (which is a natural polysaccharide present in all living organisms). All the substances of the cocktail, unlike collagen, are exempt from risk of allergic reactions (as it results from a wide literature on a world level).

It is useful to make people look younger, revitalize and feed the skin and the subcutaneous giving luminosity and turgidity. After the implant, for few days and rarely, swelling and reddening on the treated skin may occur, but they spontaneously regress without any other complication; rarely small haematomas occur. In the following 2-3 days after the implant, it is important to avoid the exposure to too hot or too cold temperatures.

I understood that more sessions will be needed and the treatment has to be repeated over the years. Hyaluronic acid's implant is not particularly painful. An anesthetic lotion is used half on hour before the treatment. Sometime a local anesthesia can occur.

In literature very rare inflammatory and infective reactions are referred. Some additional touches might occur also after short time.

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:

.....

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

Date

Patient's Signature

Doctor's Signature
