



# MESOTHERAPY HAIR GROWTH CONSENT FORM

- 7. Do you have a history of keloid scar formation?
- 8. Do you have a history of poor wound healing?
- 9. Do you have diabetes?
- 10. Are you currently using steroid containing medication?
- 11. Do you have high blood pressure or heart disease?

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

**Risks and side effects:**

I understand that while mesotherapy for cellulite/fat reduction is generally safe, there are potential risks and side effects, including but not limited to:

- Temporary redness, swelling, or discomfort at the injection site
- Bruising or mild tenderness
- Allergic reactions (rare)
- Infection or scarring (very rare)

**Precautions and aftercare:**

I agree to follow all pre-treatment and post-treatment instructions provided by the doctor, including but not limited to:

- Avoiding certain medications or hair treatments before the session.
- Using recommended after-care products.
- Not picking or scratching treated skin.
- Avoiding sun exposure.
- Wearing compression garments, maintaining hydration after procedure.

Alternative treatments:

I understand that alternative treatments may exist.

**Financial Responsibility:** I understand that I am financially responsible for the mesotherapy for cellulite/fat reduction treatment sessions as discussed with the clinic.

**Patient Consent:** I have read and understand the information provided in this consent form. I have had the opportunity to ask questions, and all my queries have been answered to my satisfaction. By signing below, I consent to undergo mesotherapy for cellulite/fat reduction treatment.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Healthcare Provider: \_\_\_\_\_

Date: \_\_\_\_\_