

MESOTHERAPY HAIR GROWTH CONSENT FORM

- 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

Risks and side effects:

I understand that while mesotherapy for hair growth 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 hair care products.
- Not picking or scratching treated skin.
- Avoiding sun exposure.
- Avoiding strenuous activities after that may increase scalp sweating

Alternative treatments:

I understand that alternative treatments may exist.

Financial Responsibility: I understand that I am financially responsible for the mesotherapy for hair growth treatment sessions as discussed with the doctor.

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 hair growth treatment.

Signature of Patient: _____

Date: _____

Signature of Healthcare Provider: _____

Date: _____