



# MESOTHERAPY SKIN BOOSTER 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 any autoimmune disease like Lupus?
10. Are you currently using steroid containing medication?
11. Are you currently using blood thinners including Aspirin?
12. Do you have a history of skin cancer?
13. Do you have psoriasis?
14. Do you have kidney disease?
15. Do you have liver disease?
16. Are you a smoker?
17. Do you currently have cold sores or shingles?
18. Do you often get cold sores or shingles?

Y	N
Y	N
Y	N
Y	N
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 is generally safe, there are potential risks and side effects, including but not limited to:

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

**Post-Treatment Care**

I understand the importance of following post-treatment care instructions, including avoiding excessive sun exposure and using recommended skincare products.

**Alternative Treatments**

I acknowledge that alternative treatments or procedures may exist for achieving similar results and I have chosen mesotherapy skin boosters based on information provided to me.

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### **Financial Responsibility**

I understand that I am financially responsible for the mesotherapy skin booster 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 skin booster treatment.

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

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

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

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