



Informed Consent to Growth Factor Injection

The purpose of this Informed Consent to Growth Factor (GF) Injection Therapy is to obtain your consent to the GROWTH FACTOR (GF) INJECTION Therapy services offered by Siam Clinic Co.,Ltd ., the medical corporation providing the services under the Siam Clinic Phuket brand. It is intended to document that you have been informed about the benefits and risks of GROWTH FACTOR (GF) INJECTION Therapy as well as the availability of alternatives, that you have had a chance to ask questions about GROWTH FACTOR (GF) INJECTION Therapy, and that you voluntarily consent to the treatment.

All GROWTH FACTOR (GF) INJECTION Therapy services are provided by Registered Nurses of Siam Clinic Co.,Ltd. who are licensed to provide GROWTH FACTOR (GF) INJECTION Therapy in Thailand under the supervision of Dr. Phimpakarn Tantithumwong, MD.

GROWTH FACTOR (GF) INJECTION Therapy Procedure

- The GROWTH FACTOR (GF) INJECTION Therapy procedure involves inserting a needle into the subcutaneous tissue and injecting a solution of Growth Factor (GF) over a period of time.
- GROWTH FACTOR (GF) INJECTION Therapy is a means to deliver the Growth Factor to the skin and surrounding area.
- Local anesthesia may be applied before injection.

Potential Benefits of GROWTH FACTOR (GF) INJECTION Therapy but are not limited to:

- Growth Factor (GF) injected into the subcutaneous tissue and surrounding area are not affected by intravenous or intestinal absorption disturbances.

This can be especially helpful for individuals with conditions such as skin problem.

- Growth Factor (GF) may help to repair the damaged skin cells and stimulates new cell growth; Stimulates the regeneration of tissue and collagen;
- Growth Factor (GF) may help to reduce wrinkles and heal wounds. Make skin look radiant and look younger.
- Growth Factor (GF) may help to increase fibroblast cells, which are involved in the production of the skin's collagens and elastin

Potential Side Effects and Risks of GROWTH FACTOR (GF) INJECTION Therapy include but are not limited to:

- **Occasionally:** Discomfort such as redness, bruising, swelling, burning, stinging, pain, and/or bleeding at the site of the infusion. The redness and swelling may last up to a few days.
- **Rarely:** Inflammation, soreness and/or swelling of the vein used for the GROWTH FACTOR (GF) INJECTION Therapy infusion, including phlebitis. Temporary metabolic disturbances such as temporary changes in blood sugar, temporary changes in blood pressure leading to lightheadedness or dizziness and/or increased thirst. Infiltration or leaking of the GROWTH FACTOR (GF) INJECTION Therapy solution into surrounding tissue. Infection at the site of the infusion. Injury to nerve and/or muscle at the site of the infusion.
- **Extremely Rare:** Sensitivities or allergic reactions to the GROWTH FACTOR (GF) INJECTION Therapy solution which could include, as any allergic reaction, anaphylaxis, cardiac arrest and death.

Contraindications depending on GROWTH FACTOR (GF) INJECTION Therapy, may include but are not limited to:

- **Absolute contraindication:** liver failure, renal failure, Addison's disease, CHF
- **Relative contraindications:** Thalassemia, G6PD deficiency, decreased renal function, drug-nutrient interactions, allergy and/or sensitivity to substances intended for IV administration. History of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area. Active skin condition in the treatment area, such as sores, psoriasis and eczema
- **Caution:** HIV/AIDS, immune-suppression, post splenectomy, recent burns, malnourishment, chemotherapy, taking medications such as blood thinners, history of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.

Potential Alternatives of GROWTH FACTOR (GF) INJECTION Therapy include but are not limited to:

- No treatment.
- Oral supplementation of nutrients.
- Dietary and lifestyle changes.

By signing this form, you acknowledge that you understand and agree to the following with respect to GROWTH FACTOR (GF) INJECTION Therapy:

- I have informed the physician of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the nurse and/or physician of my medical history.
- I am aware that unforeseeable complications could occur, and I do not expect the Registered Nurse or doctor of Siam Clinic Phuket providing the GROWTH FACTOR (GF) INJECTION Therapy to anticipate all possible complications.
- Additionally, I understand that any possible side effects from the GROWTH FACTOR (GF) INJECTION Therapy are best dealt with as they arise, and that it is my responsibility to inform the Registered Nurse or doctor providing the GROWTH FACTOR (GF) INJECTION Therapy immediately if I feel any discomfort or sensation that is unusual.
- I understand that the nature and purpose of GROWTH FACTOR (GF) INJECTION Therapy may be considered unproven by scientific testing and peer-reviewed publications and therefore may be considered by some physicians to be medically unnecessary and not the standard of medical care for most conditions.
- **Non-FDA EVALUATED OR APPROVED.** I understand and acknowledge that the Thailand Food and Drug Administration (Thai-FDA) has not evaluated or approved the treatments I am about to receive to diagnose, treat, cure, or prevent any disease.

No Insurance Coverage: I understand this procedure is not covered by insurance and I am responsible for total payment to Siam Clinic Phuket for all such treatments.

No Guarantees: I understand that each patient responds differently to treatments and from one treatment to the next. I understand results are only temporary and regular dosing is necessary. I understand the length of time GROWTH FACTOR (GF) INJECTION Therapy is needed for therapeutic benefit varies for each patient. I further understand that no guarantee can be made or is made by Siam Clinic Co.,Ltd. or Siam Clinic Phuket with respect to results and length of time required for GROWTH FACTOR (GF) INJECTION Therapy benefit.

Complete Medical Information:

- I understand that GROWTH FACTOR (GF) INJECTION Therapy may be contraindicated if I have certain medical conditions, allergies and/or take certain medications.
- I have truthfully and accurately disclosed all personal medical information including but not limited to: all of my health conditions, my use of all medications, herbs, vitamins, and other supplements; and all known allergies to drugs or other substances or any past reactions. I understand that failure to do so may negatively affect my treatment outcome and the safety of the IV Therapy.

Notice to All Female Clients Capable of Conceiving: I certify that I am not currently pregnant or breastfeeding.

By signing this Informed Consent for Growth Factor (GF) Injection Therapy, I confirm and agree that:

- I have read this entire Informed Consent, or someone has read it to me, and I understand and agree to the information herein.
- The nature of the GROWTH FACTOR (GF) INJECTION Therapy and the potential risks, benefits and alternatives have been explained to me, and I have had the opportunity to ask questions about the procedure and all my questions have been answered to my satisfaction.
- I understand that this treatment may involve risks and complication as explained in this consent, and I hereby voluntarily accept all risks associated with GROWTH FACTOR (GF) INJECTION Therapy and elect to proceed with treatment.
- I hereby give my informed consent to participate in GROWTH FACTOR (GF) INJECTION Therapy with a Registered Nurse under the supervision of Dr. Phimpakarn Tantithummawong, MD.
- I consent to taking photographs to be kept as a part of my medical record pre-and post-photos obtained.
- I recognize that when performing any medical treatment individual conditions may necessitate alterations in the treatment plan to improve the result or to ensure patient safety.

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Patient or Person Authorized to Sign for Patient

Date

Witness

Initials.....Date.....