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## INFORMED CONSENT FOR MESOTHERAPY INJECTIONS

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I voluntarily consent to undergo Mesotherapy treatments from Siam Beauty Clinic Co.,Ltd. provided by Phimphakarn Tantithummawong, MD or other licensed doctors, nurses, physician associates or qualified staff members employed by the practice. Mesotherapy is an injection technique with a broad range of applications. Mesotherapy promotes the body's circulatory, lymphatic, and immune system to create a biological response. Mesotherapy involves the injection of a customized mixture of vitamins, amino acids, and medications, placed just millimeters into the skin. Mesotherapy is used for cosmetic purposes such as spot fat reduction, cellulite removal, face and neck rejuvenation, hair loss, and alopecia.

I understand that Mesotherapy can be used for many reasons and I want to have treatment for the following:  
\_\_\_\_\_ skin rejuvenation of \_\_\_\_\_.

I hereby consent to the Mesotherapy treatment of which I understand that more than one (1) treatment will be required. I understand that the treatment requires many small injections around the area (s) to be treated. I also understand that the administration of numbing cream may be used if deemed necessary.

I understand that the benefits of Mesotherapy may vary, but may include: a possible decrease in cellulite, a possible increase of skin tone, or a possible decrease of wrinkles.

I understand that there are some risks with any procedure. The following is the list of possible risks and side effects of Mesotherapy:

- Bruising of the skin is very possible.
- Skin discomfort during the injection.
- Redness or swelling at the injection site.
- Lightening or darkening of the skin (transient or permanent)
- Itching and bruising lasting 20 minutes to a few hours.
- Scarring of the skin in exceedingly rare instances.
- Nausea, dizziness, and possible allergies to Hyaluronidase enzymes may occur.
- Skin infection is a possibility anytime a surgical procedure is performed.

By my below signature, I acknowledge that I have been informed about the above medications and give consent to its use in my treatment. I understand that the origin of products used for Mesotherapy treatment injections of \_\_\_\_\_ is not necessarily from the Thailand. Products used for Mesotherapy may be purchased from distributors in the Europe, Canada and/or Asia. Not all products used for treatment are approved by the Thailand Food and Drug Administration (Thai FDA).

I also acknowledge that the practice of medicine is not an exact science. Therefore, no guarantee, representation or warranty can be made as to the results of Mesotherapy treatments. I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance. I also understand that I am responsible for all costs payable at the time of service. By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above that were made to me. I release from all liability the medical professional performing this procedure as well as the facility where it is being done. I have also signed the arbitration agreement.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date