



## PDO Threads Informed Consent

\_\_\_\_\_

Last name, first name

\_\_\_\_\_

DOB

\_\_\_\_\_

Date

PDO Threads treatment uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. This procedure can result in increased firmness and elasticity of the skin in the treated area. PDO Threads are effective in most cases; however, there is no guarantee a specific patient will benefit from the procedure. The nature of cosmetic procedures may require a patient to return for numerous visits to achieve the desired results or to determine whether the treatment may be effective at treating the particular condition.

### Disclosure:

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo PDO Threads treatment. This disclosure is not meant to alarm you; it is simply an effort to fully inform you so you may give or withhold your consent of this treatment.

Patients who are pregnant or nursing should not have this treatment. \_\_\_\_\_

Patients allergic to general, injected, or topical anesthetics should not have this treatment. \_\_\_\_\_

Patients with a history of blood clots or who are susceptible to Gram Positive Cocci should not have this treatment. \_\_\_\_\_

Patients who have inflammation or infection at site, history of keloid formation or hypertrophic scarring, and/or are undergoing current immunosuppressive therapy should not have this treatment. \_\_\_\_\_

Patients who have immune system diseases, Cutaneous Neurofibromatosis, bleeding disorders, or some diseases of the blood should not have this treatment. \_\_\_\_\_

Patients who have a non-absorbable implant (silicone) in the zone of thread insertion should not have this treatment. \_\_\_\_\_

Patients who have Neurotic Psychological Disorders should not have this treatment. \_\_\_\_\_

Patients who are undergoing Chemotherapy should not have this treatment. \_\_\_\_\_

Patient is 18 years of age or older and has requested PDO Threads treatment in order to stimulate collagen production in treated area. \_\_\_\_\_

**Possible side effects of PDO Threads include:**

- Some discomfort may be experienced during treatment.
- May cause scarring where sutures are inserted using a small needle.
- Tenderness, swelling, bruising, redness, and pain are common around the insertion site, but usually subside in 7-14 days. Infection is rare, but with any insertion/injection/incision into the skin, the possibility exists.
- Local and topical anesthesia may be used and can involve risk of allergic reaction.
- Allergies to tape and suture material are rare, but possible.
- Sutures may extrude and may have to be trimmed or removed in the future.
- There can be a delay in healing as a result from smoking or using a straw.
- PDO Threads may not correct all your facial laxity or sagging. It may not be possible to achieve optimal results with a single treatment and other procedures may be necessary. Although peak results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.
- Deeper structures such as nerves, blood vessels, and muscles may be damaged during the procedure.

**Consent:**

1. I hereby authorize the following medical procedure: PDO Threads. \_\_\_\_\_
2. I have been informed of the risks/side effects of the PDO Threads treatment. \_\_\_\_\_
3. I have been given the Pre and Post Care Instructions for PDO Threads treatment. \_\_\_\_\_
4. I agree to follow the provided PO Threads post treatment care instructions. \_\_\_\_\_
5. I understand additional PDO Threads treatments may be required to reach desired results. \_\_\_\_\_
6. I understand I have the right to refuse PDO Threads treatment. \_\_\_\_\_
7. I consent to the taking of photos before and after the PDO Threads treatment to document my progress. \_\_\_\_\_
8. I understand that I am responsible for all costs payable at the time of service and I pay for the treatment, not the outcome. \_\_\_\_\_
9. A copy of this form is available to me. \_\_\_\_\_

By signing below, I acknowledge that I have read the above information and I understand the risks of PDO Threads. I hereby consent to the PDO Threads treatment performed by the medical staff of SCG Skin Rejuvenation.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Medical Director \_\_\_\_\_ Date \_\_\_\_\_

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

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