

Informed consent

NAME:

ADDRESS:

PLACE:

DATE OF BIRTH:

TELEPHONE:

The undersigned is familiar with the type of treatment:

1. Scalp Pigmentation
2. Hair Growth Activation
3. Scalp Pigmentation
4. Hair growth Activation

The undersigned certifies that 24 hours in advance of treatment there was no consumption of alcohol or drugs.

1. Are you physically healthy? Yes / No
2. Do you use drugs? Yes / No
3. Are you under medical treatment? Yes / No
 - a. Haemophilia Yes / No
 - b. Pathological wounds Yes / No
 - c. Diabetes Yes / No
 - d. Immune disorder Yes / No
 - e. Chronic skin conditions Yes / No
 - f. Heart Diseases Yes / No
4. Are you pregnant? Yes / No
5. Have you ever suffered from a Dentist injection (lidocaine)? Yes / No
6. Client anaesthetic cream obtained by the GP. Yes / No
7. Are you allergic to latex? Yes / No

After Scalp Pigmentation, pigmentation will be darker than the final result. During the healing process, you should treat gently and carefully the pigmented skin. During the first four days, do not wet the pigmentation. Thus, not showering, washing, swimming, sauna or otherwise; do not scratch and do not expose skin to UV light (sunlight or tanning bed). Also during the 4 days no overexertion; no sports or other things that make you perspire. Only the special White Vaseline can be applied to the pigmentation. After the treatment with hair growth activation, we do not recommend to wash your hair for 24 hours and until all wounds are healed.

Date

Signature.....