



FUE YÖNTEMİYLE SAÇ NAKLI (İngilizce) BİLGİLENDİRİLMİŞ ONAM FORMU

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HAIR TRANSPLANT WITH FUE METHOD BRIEFING AND APPROVAL FORM

The difference between FUE and FUT techniques is the method of extracting hair from the source location. The result is the same with both techniques.

The following subjects should be observed during the healing process after the operation.

- The healing process of the lesion is between 4-10 days.
- The sense of apathy in the donor area can be for a period of 3 weeks to few months.
- Blow swelling can occur from 3rd to 5th day.
- Acnes can appear on different part of the skin during the growth period of the hair (14th and 22th weeks).
- "Shock Affusion Syndrome" can occur after the operation; resulting the hairs in and around the transplantation area to fall out. This hair grows back by a hundred percent. This syndrome has been observed 5% of the male patient, while 50% of female patients.
- Growth of the hair can last from 8 months to 12 months. It is not possible to evaluate the results of the operation in an objective manner before 8 months.
- Hair transplant surgery may cause permanent / temporary skin changes due to blood circulation in the conducted field.
- if needed additional medical / surgical treatment may be required after the surgery.

Hair loss is a lifetime continuing process. Therefore, Finasterid (Proscar, Propecia), Minoxidil (Regaine manner) shall be used after the operation for both supporting the application and preventing hair loss. Also, laser comb can be used as an alternative.

If hair loss continues, or a more frequent hair is desired (especially in women), a condensation operation can be performed.

The condensation of the hair transplant, which have been performed between two locations such as the top of the head and another location, is supported with a second location. This area does not come up in a very condensed manner with only one operation.

The transplanted hairs on 2nd and 3rd operations can grow more slowly, especially on the head.

There is a possibility that, the graft amount, stated before the operation can vary by $\pm 10\%$. This variation will not reflect on the payment amount.

Our INSTITUTIONS is not responsible for hair transplantation processes that have been performed formerly on other clinics.

Please leave your telephone number for us to reach you after the operation.

All of the information that have been stated above has been told to myself. I have read this briefing form, and hereby accept its terms.

Date:...../...../..... Time:.....

IF THE PATIENT'S CONSCIOUS	IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE
Patient's Name Surname :..... Address :..... Phone :..... Signature :	legal representatives* or guardians Name Surname :..... Address :..... Phone :..... Signature :
Doctor Name Surname:..... Signature:.....	Doctor Name Surname:..... Signature:.....
Witness **:: Name Surname:..... Signature:	Witness **:: Name Surname:..... Signature: