



DOLGU UYGULAMA (İNGİLİZCE) BİLGİLENDİRİLMİŞ ONAM FORMU

Dokuman No	YÖN.RB.197-01
Yayın Tarihi	25.10.2016
Rev.No	00
Rev.Tarihi	
Sayfa No	2/1

FILLERS INFORMED CONCENT FORM

Dear Patient,

In this form, the application of intradermal filler (hyaluronic acid or similar products) and their possible risk and complications (unwanted consequences). Please read the form carefully.

If you have any questions or do not understand, please ask your doctor for help.

Fillers, to increase the volume of any structure in the body (face, back, nose, etc.), deep wrinkles sed to fill and plump lips. Permanence of the fillers are according to the product used, which is in average 4-12 months. Some of the brands contain in fillings longer-lasting synthetic materials.

Anesthetic agent is applied by cream or injection method before the procedure. After a specific time depending on the anesthesiology method used, the skin is cleaned with an antiseptic substance and the application is done by injection method. Sometimes more than one filler may be used, depending on the depth of the treatment area. Light massage after application and ice packs are used usually. To achive more successful results in deep collapses the application may need to be re-performed within 2 months after initial application

For reasons that are not fully understood, the persistence of fillers in some people is higher or shorter than expected.. Therefore, no guarantee can be given regarding the results of the application.

During the application, photos or video images may be taken, and can be used for educational and scientific studies. I agree. (If you do not want, please delete the sentence.)

SIDE EFFECTS THAT MAY OCCUR AFTER FILLING

- Redness, pain, tenderness
- Swelling, bruising, itching, infection
- Allergic reactions, swelling with discharge, collapse of the scar areas
- Masses nodules forming at injection sites, asymmetry, color change

ISSUES TO BE CONSIDERED BEFORE APPLICATION

- Before arriving for the procedure please rest thoroughly.
- Do not consume alcoholic beverages before application.
- At least three days in advance; ginko biloba, blood thinners, high-dose vitamin E, green tea, aspirin and Non-steroid anti-inflammatory (rheumatic) drugs should not be taken.

ISSUES TO BE CONSIDERED AFTER APPLICATION

- Do not touch the application areas.
- Make-up should be applied after at least 24 hours.
- Do not massage to the application area for at least 1 week.
- Be careful not to use your mimics in the application area for at least 3 days.
- Avoid intensive sports for 1 week.
- Avoid hot environments such as saunas, steam baths and whirlpools for 1 week.
- If lip filling is done, do not contact with hot-cold materials for 2-3 days.
- Do not eat or drink anything until the feeling comes back (2-3 hours) because the lip filler are performed under anaesthesia.
- If an unexpected effect develops, please contact your treating physician.

Information about you (identity, diagnosis/illness, treatment) without your consent and/or court order will not be disclosed. You have the right to look at your own file and make a copies,

Side effects will be evaluated by our doctor and improvement (prescription regulation, medical intervention, emergency response) operations will be done by our doctors and medical personel.

You have the right to choose the assistant personnel to participate in the applications.



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Estimated Time of Procedure: 10 - 15 minutes

Critical Lifestyle Recommendations regarding the Patient's Health:

After the procedure, I received information about what I should do/change regarding my lifestyle (Diet, bath, drug use, movement status and / or restraint status).

How to Reach Medical Help on the Same Subject:

I received information on how to get medical help (From my own physician, a different physician, the hospital treatment and 112 in case of emergency).

Contact Phone Numbers: Hospital Phone: +90 212 274 69 25 - 444 25 93

You can ask your doctor for more detailed information about the procedures.

Informed Consent:

I have read this information and consent to this form by signing the place where my name is written below. I declare that I allow my doctor to perform the Fillers Application process with free and open will.

Please; in your own handwritten statement that you have understood what you have been told and read about the side effects and all possible risks that may occur during and after the procedure:

.....
.....

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

THE PATIENT IS CONCIOUS	
PATIENT	
Patient's name and surname:.....	
Address:	
Phone number:.....	
Signature:	
Doctor	
Name and surname:.....	
Signature:	
Witness**	
Name and surname:.....	
Signature:	