



# SILHOUETTE SOFT®

## PATIENT CONSENT FORM

I, the undersigned, hereby declare that I have discussed the nature of my current medical condition, the general nature of the requested and proposed treatment(s), the prospects of success and the possible risks and benefits of such a treatment with a healthcare professional (practitioner and/or clinic name below). I have also been given sufficient opportunity to raise any questions and/or concerns, which I confirm have been satisfactorily addressed.

The planned procedure has been explained to me in sufficient detail so that I fully understand what it involves. Alternative techniques for suture placement of Silhouette Soft® have also been explained to me and I understand that although satisfying results are expected, these cannot be guaranteed. I also understand that complications and side effects may occur, the nature and severity of which cannot be foreseen.

It has been explained that the results are not permanent, as the product (Silhouette Soft®) which is to be used for the proposed treatment is a fully bioresorbable thread.

The possible side effects of the Silhouette Soft® treatment include, but are not limited to: discomfort, bruising, swelling, infection, bleeding, damage to deeper structures, allergic reactions, risks linked to local anesthesia, pigment changes, partial laxity correction, transient rippling or dimple formation, slight asymmetry, redness and/or visible thread some or all of which may require additional treatment and/or the removal of the Silhouette Soft® product.

**I understand that I should not have any Silhouette Soft® treatment if I have : any known allergy or foreign-body sensitivities to plastic biomaterial, permanent fillers, acute and chronic skin diseases, autoimmune diseases, sepsis or infection, limited willingness to restrict activities or follow directions during the healing period.**

**I understand that I should not have any Silhouette Soft® treatment if I am pregnant and/or under 18.**

**I have been advised that if I am not sure whether any of these apply to me, I should consult my doctor or professional healthcare provider and I confirm that I have done so and have been advised I can proceed with the treatment OR I know that none of these apply and therefore I do not need to.**

By signing this consent form, I confirm that I have read and I understand the information contained in this form and based on this I wish to proceed with the treatment. I accept that any treatment I have is at my own risk and I understand that if I fail to disclose information requested by this form that this may result in an adverse side effect for which I accept full liability and responsibility.

**THIS CONSENT FORM IS VALID FROM THE DATE OF MY SIGNATURE AS INDICATED BELOW AND APPLIES TO ALL TREATMENT I HAVE USING SILHOUETTE SOFT® UNTIL SUCH CONSENT IS REVOKED BY ME IN WRITING. DESPITE ANY SUCH REVOCATION MY CONSENT PURSUANT TO THIS FORM SHALL REMAIN IN FULL FORCE AND EFFECT FOR ALL TREATMENT CARRIED OUT PRIOR TO SUCH REVOCATION.**

Patient signature :

Practitioner/clinic :

FULL NAME: .....

Stamp:

DATE: .....

### TREATMENT DETAILS

Draw the threads and assign a number to each of them (1,2,3,4). Then, report the details of each thread in the table below.



	(1)	(2)	(3)	(4)
Type of suture or product code				
Batch Number				
Expiry date				



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### IMPORTANT INFORMATION FOLLOWING SILHOUETTE SOFT® TREATMENT

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After the **Silhouette Soft®** treatment, slight oedema or bruising may occur. Sometimes, a slight depression or skin irregularity may appear at the entry points. These inconveniences generally disappear a few days after treatment.

The doctor will prescribe an antibiotic cream to apply on the entry and exit points of the sutures twice a day (in the morning and in the evening, during 5 days).

#### POST-TREATMENT RECOMMENDATIONS:

1. Apply cold packs immediately after the procedure if required (Cold packs should be wrapped to avoid direct contact with skin and insertion point)
2. Take anaesthesia e.g. paracetamol in case of pain (2-3 days)
3. Sleep face up, elevated on pillows (3-5 nights)
4. Wash, shave and dry face gently without rubbing or massaging (5 days)
5. Refrain from applying make-up for as long as possible (minimum 24 hours)
6. Avoid over-exposure to direct sunlight and do not use tanning beds (2 weeks)
7. Avoid face and neck massages and face and neck aesthetic treatments (4 weeks)
8. Avoid sports, in particular high impact sports e.g. running (2 weeks)
9. Do not use saunas or hammams (3 weeks)
10. Avoid dental surgery (3 weeks)
11. Avoid excessive face and neck movements (2 weeks)

Book in for a review appointment within the next \_\_\_\_\_ weeks as advised.

WE LOOK FORWARD TO SEEING YOU AT YOUR NEXT CONSULTATION.