

CONSENT FORM
OBAGI TREATMENTS
AND FOR ALL FUTURE TREATMENTS

Agreement in respect of Obagi® treatment between _____ and:

Patient Name: (Mr/Mrs/Miss/Ms/Other) _____

Address: _____

Post Code: _____

DOB: _____ Tel No: _____ Mobile: _____

- I understand that the results of this treatment are variable and that the reasons for this variation have been explained to me.
- I have read and fully understand the Obagi® patient information sheet.
- I understand that there is a possibility of side effects and that these have been clearly listed in the patient information sheet.
- I confirm that _____ cannot guarantee the success of this treatment and that no guarantee has been given to me.
- I understand that there are other treatment options available and that these options have been explained to me.
- I confirm that I have received post treatment instructions and understand that failure to comply with these instructions may result in the failure of my treatment and/or increase the risk of potential complications.
- I agree to contact _____ in the first instance and at the earliest possible opportunity with any concerns about the treatment, side effects or adverse incidents.
- I understand that more than one treatment may be required to achieve the desired result.
- I authorise the taking of photographs by the clinic for my medical notes.
- I understand that the condition requiring treatment is primarily cosmetic and that the decision to proceed with treatment is not based upon medical necessity, but on my express wish and instruction.
- I acknowledge receipt of the information sheet provided at the consultation and receipt of this agreement.
- I confirm that I have received a full and adequate explanation concerning the procedure at consultation and sufficient opportunity to ask any further questions and read any relevant documents.
- I have completed my personal medical history form and understand that failure to disclose all my medical history may result in failure of the treatment and/or an increase in the risk of post treatment complications.
- I am 18 years of age or older.
- I have received a copy of the current price list.
- I acknowledge that before signing this agreement I have read and fully understand the contents of this consent form.

Patient Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

17/06/08