

****Informed Consent Form for Whitening Injections Therapy****

NOGH, Bahawalpur

I, the undersigned, hereby acknowledge that I have been fully informed and understand the nature, purpose, risks, benefits, and potential complications associated with the Whitening Injections Therapy that I am undergoing at Skin Department NOGH.

****Procedure Description:****

The Whitening Injections Therapy involves the administration of skin-whitening agents via injections to address pigmentation concerns and achieve a lighter complexion.

****Purpose of the Procedure:****

The purpose of the procedure is to lighten skin tone and improve overall skin appearance.

****Expected Benefits:****

The expected benefits may include a reduction in pigmentation, an even skin tone, and an improvement in skin texture. Only one or two share of color can be improved. At what time the color and shade results appear is not possible to determine.

****Risks and Potential Complications:****

I understand that, as with any medical procedure, there are inherent risks and potential complications associated with Whitening Injections Therapy. These may include but are not limited to:

- Allergic reactions
- Infection at the injection site
- Redness, swelling, or bruising
- Hyperpigmentation or hypopigmentation or white hair
- Scarring
- Unsatisfactory results

****Alternative Options:****

I have been informed about alternative options for addressing pigmentation concerns, such as topical skincare products, laser treatments, and chemical peels.

****Treatment Plan and Expected Results:****

I understand that multiple number of sessions required and the results achieved may vary depending on individual factors. The treating professional has explained the recommended treatment plan, and I have had the opportunity to discuss my expectations. The injections therapy continues life long.

****Post-Procedure Care:****

I will adhere to the recommended post-procedure care instructions provided by the treating professional to optimize healing and results. That includes reduced sun exposure, reduced heat exposure, getting immunity better and healthy diet.

****Financial Considerations:****

I have been informed about the cost of the procedure, including any potential additional charges for follow-up sessions or unexpected complications.

****Confidentiality:****

I understand that my personal and medical information will be kept confidential in accordance with applicable laws and regulations.

****Voluntary Agreement:****

I hereby acknowledge that the decision to undergo Whitening Injections Therapy is voluntary, and I have not been coerced or pressured into making this decision.

****Questions and Clarifications:****

I have had the opportunity to ask questions and seek clarifications about the procedure, its risks, benefits, and alternatives. My questions have been answered to my satisfaction.

I acknowledge that no guarantees or assurances have been made regarding the outcome of the procedure as the results depend upon many factors that are unable to identify . Whitening therapy works differently on different clients.

****I have read and understood the information provided in this consent form. I willingly consent to undergo Whitening Injections Therapy at NOGH , Bahawalpur.**

Patient's Full Name: _____

Patient's ID#: _____

Signature: _____ **Date:** _____