



Woodbridge Dermatology
& Laser Centre

Dr. Gail L. Nield, M.D., FRCPC

Dr. Antony S. Nield, M.D.

NIELD & NIELD MEDICINE

PROFESSIONAL CORPORATION

301 - 8077 Islington Avenue

Woodbridge, ON L4L 7X7

(905) 851-1436 Fax: (905) 264-8847

INFORMED CONSENT FOR MESOTHERAPY

Pioneered by the French physician, Dr. Michel Pistor, Mesotherapy is a non-surgical injection technique with a broad range of applications. Mesotherapy promotes the body's circulatory, lymphatic, and immune system to create a biological response. Mesotherapy involves the injection of a customized mixture of vitamins and amino acids and medications, placed just millimeters into the skin. Mesotherapy is used for cosmetic purposes such as body sculpting, reduction of localized body fat deposits and lower lid fat pads, cellulite removal and face and neck rejuvenation.

I have been informed of possible risks and side effects of Mesotherapy including but not limited to bruising, irritation, discomfort and bleeding at the site. Rare but reported risks include infection and allergic reactions. I understand the nature of the proposed procedure and the risks and damages have been explained to me. I also understand that I may terminate treatment at any time.

I understand that there have been no warranties, assurances or guarantees of successful treatment made to me. I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversations with my treating physician and through materials provided to me by the office to educate me about the treatment. I understand that treatment is most successful when combined with diet and exercise. I acknowledge that I have had the opportunity to ask any questions of my physician with respect to the proposed therapy and the procedures to be utilized and all of my questions have been answered to my full satisfaction. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of Mesotherapy in my case, and/or any other medical treatment that may be necessary as a result thereof. To my knowledge, I am not pregnant at this time and I will notify my physician if I think I could be pregnant.

I fully understand that there are alternative treatments available for the reduction of wrinkles and cellulite and fat. The following are a list of alternative treatments available, however, this list is not in any way considered conclusive of all other available treatments: surgery, liposuction, dermabrasion, endermologia and facial peels.

I agree to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Patient's Name (Printed)

Patient's Signature

Date