

# Informed Consent and Terms and Conditions of Undergoing Cosmetic Medical Treatments

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Following a consultation with my practitioner, I wish to proceed with treatment(s) provided at <Look-younger.net> . I have carefully read and understood the consent forms and/or information sheet(s) relating to my treatment(s) and I have signed them. I have had the opportunity and sufficient time to ask questions about any content that I did not understand. All my questions have been answered to my full satisfaction.

In particular, I understand that adverse effects could arise from this treatment, which include, but are not limited to, those that I have specifically been informed about on the consent form and/or during the consultation. I also understand that there is a possibility of unknown or unforeseen adverse effects arising from this treatment about which, I will therefore not have specifically been informed.

By signing this form, I hereby consent to undertake this treatment at my own risk and I agree to indemnify both the practitioner and <Look Younger Clinic> in all circumstances against any claim for damages arising as a result of any adverse effect of this treatment, whether foreseen or unforeseen. In other words, regardless of whether I have been specifically informed about the possibility of such adverse effects or not.

I have been informed of possible alternatives to proceeding with this treatment, including my free choice of having no treatment at all. I have had sufficient time to make my decision and I have been put under no pressure whatsoever to proceed with treatment.

## Terms and Conditions of Treatment

I understand that all treatment is provided on the terms that all fees paid are in respect of provision of a professional service and not in respect of obtaining any specific result. I understand that the practitioner will undertake to use his/her skill, knowledge and experience to the best of his/her ability, on my behalf, to endeavour to achieve a satisfactory result. However, I understand that variation in response to any treatment does occur from person to person and that no specific result can therefore be guaranteed. In particular, I understand that no treatment fees can be refunded in the case of a sub-optimal or unsuccessful result as all fees paid are entirely in respect of the service provided, i.e. professional time, expertise, product costs and other costs incurred by the clinic in providing my treatment and such costs are incurred independently of results achieved. I therefore agree to pay the fees in full.

## Revision Policy:

**if you not happy with result of your surgery, we will repeat the whole procedure for £900 if it was liposuction / fat transfer/ tummy tuck. If it was Breast Implant we will repeat surgery for £1400. Revision means repeating the exact procedure was done at the first place, any added steps will be charged separately**

Signature:.....

## Complications and how to treat them

We do everything we can to avoid complications including better patient selection, guidelines to avoid complications but complications will happen if enough number of procedures are done.

We will do everything we can to treat them and we will not charge clients for managing complications however if complications need to be managed in a different health care facility we will not accept paying for that nor we will accept charges of lost business or career opportunity due the complications arising from the initial treatment.

Client fully understand that and accept that Clinic will not pay for managing complications in different facility or for lost business/ career opportunity.

In case of cover by insurance is required by client/ patient, Client accepts to receive fund paid only above our insurance excess ( meaning client will get money only from our insurance company and not from clinic for example: if there is a malpractice and it was agreed that £20.000 to be paid and our insurance excess is £15.000 then client agree to be paid only the amount above our excess and in this example it will be £15.000.

Price given to patient for this surgery reflects this policy and patient understands that instead of the agreed price she will need to pay extra £4000.00 to be entitled to full insurance with no excess restriction.

You also agree that complications arising from a treatment you had with us is not a reason for refund and that clinic will not refund you or compensate you in any way if complications happen after a treatment you had with us.

## Deposits for Treatment

When booking a treatment we may ask you to pay a deposit at the time of booking. The deposit secures your appointment and will be deducted from the cost of your treatment when you settle your account. If you do not attend for your treatment and have not given us the required notice (as above) we retain the right to retain part or all of your deposit to cover the cancellation fee.

Downpayment for treatments are normally £100.00, it is nonrefundable if you cancel or change date of surgery less than 4 weeks before your surgery.

## Ordering Products or Prescriptions

When ordering products or prescription items from us by telephone or, if we have to place a special order for an item that we do not hold stock (e.g. patient specific prescriptions) of we do ask that payment for the product(s) is made in full at the time of ordering rather than at the time of delivery or collection.

If you wish us to post products to you, this will incur additional 1<sup>st</sup> class postage and packing charge of £X.00 minimum. We cannot be held liable in the event of items being lost in the post but should you wish a more secure postal service, we can send your products by Royal Mail Special Delivery at your request. We will add the special delivery postage cost onto your invoice.

## Consent to clinical photography and recording

I consent to having clinical photographs taken for the purpose of diagnosis and my clinical records. I understand that I will be recognisable in the photographs but that no photographs, personal details such as  
Signature:.....

name, address, or date of birth will be released by the clinic. The files are kept confidential unless I agree in writing for them to be released or used for any other purpose.

I understand and accept that telephone conversations and face-to-face consultations that I have with or in the clinic may be recorded, without prior notice, for training and quality monitoring purposes.

In case client decline clinical photography, then client accepts that no claims can be made about our treatments as there will be no way to compare pre and after procedure and also client accept that no refund for this procedure.

### Problems and Complaints

We strive to provide a high level of service for all our clients. This includes our availability for any problems that may arise. Should you experience a problem of any kind, we would like to be given the opportunity to resolve it for you. Please contact our clinic manager <Haitham Alshafey> on <07765565223> if you have any problems or concerns and we will do our very best to help you. In addition, we do have a client comments/complaints handling procedure and this is available to view upon request.

### Client declaration:

I understand that the practice of medicine and surgery is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal **results will be achieved**. Further treatments may be necessary to achieve improvement and this will incur additional cost.

I confirm that I have carefully read, understand and agree to all the contents of this document. My signature also indicates my consent and agreement to all the contents of this document for any future treatments and purchases at this clinic.

Your signature: \_\_\_\_\_

Date of signing: \_\_\_\_\_

Signature:.....