

MESOTHERAPY (FACE / HAIR / BODY) CONSENT FORM

(For Skin Rejuvenation, Hair Regrowth)

Patient Name: _____

Age / Gender: _____

Contact No.: _____

Date: _____

1. Procedure Description

Mesotherapy involves injecting small quantities of vitamins, minerals, amino acids, enzymes, and other active ingredients into the mesodermal layer of the skin. It is used for various purposes including facial rejuvenation, hair growth stimulation, and localized fat reduction on the body.

2. Purpose of Procedure

The purpose of mesotherapy is to improve skin hydration, texture, and glow; stimulate hair follicles for thicker hair; and assist in the breakdown of fat cells to reduce localized fat deposits. Multiple sessions are required for visible results.

3. Possible Risks and Side Effects

I understand that the following risks and side effects may occur:

- Mild redness, swelling, or bruising at injection sites.
- Temporary tenderness, itching, or mild discomfort.
- Small bumps or nodules at the injection site (usually resolve within a few days).
- Rare allergic reactions to ingredients used.
- Minimal bleeding or infection if aftercare is not followed.
- Gradual and variable results depending on individual response.

4. Pre & Post Procedure Instructions

Pre-Procedure:

- Avoid alcohol, caffeine, and blood-thinning medications (aspirin, ibuprofen) for 24–48 hours prior.
- Inform your doctor about any allergies, medications, or skin conditions.
- Wash the treatment area thoroughly before your session.

Post-Procedure:

- Do not wash, rub, or touch the treated area for at least 6–8 hours.
- Avoid gym, swimming, sauna, or direct sun exposure for 2–3 days.
- Apply cold compress if mild swelling occurs.

- Use sunscreen regularly on treated areas.
- Follow the recommended session schedule for best results.

5. Acknowledgment

I acknowledge that the nature, purpose, benefits, and potential risks of mesotherapy have been explained to me. I understand that results vary and multiple sessions may be necessary. I have had the opportunity to ask questions and all concerns have been addressed. I voluntarily consent to undergo mesotherapy treatment.

6. Consent

Patient Name: _____

Signature: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____

Doctor's Name & Signature: _____



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