CitiCare
Health care Clinics/Pharmacies

File No: 46178

Date: 13/25

Consent for Mesotherapy

(Exosome)

- **Description of the Procedure and process:**

Mesotherapy is technique that involves injecting through very fine needles a mixture of vitamins, enzymes, hormones, and plant extracts into the middle layer of the skin (mesoderm)

- **Benefits of the Procedure and process:**

- Remove fat in areas like the stomach, thighs buttocks, hips, arms, and face.

- Reduce Cellulite.

- tighten loose skin.

- Fade of the fine lines and wrinkles.

- Lighten pigmentation skin.

- Treat alopecia a condition that causes hair loss..

- **Side Effects and Risks:**

- **Discomfort:** Medication is injected with tiny needles just below the skin. There may be brief minimal discomfort from the injections.

- **Bruising:** Occasionally the needle may puncture small blood vessel resulting in a bruise.

- **Swelling & redness:** These my result following the procedure as medication begin work.

- **Scarring:** May result from multiple injections.

- **Allergic Reaction:** Although exceedingly rare the possibility exists of an allergic reaction to the injection of Mesotherapy medication.

- **Infection:** Since Mesotherapy treatment involve injections, there is theoretical risk of developing infections at site of infection.

- **Discoloration:** Transient or permanent skin pigmentation or hematoma.

- **Dizziness:** May result from a drop blood pressure. If asked to rest in the place after the procedure agree to do so.

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- **Confidentiality:**

I have been explained about the confidentiality of data and my information including photography & videography.

- **Financial implication:**

I undertake to pay all treatment fees requested from and in case if the service provided to me is not covered by (totally or partially).

Non-Refundable payments by signing this consent form you acknowledge that all payments are non-refundable upon agreeing to the procedure.

- **Certification of Consent:**

- I have read the previous information or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. The discussion with the physician was confidential and I consent voluntarily to undergo this treatment/ procedure/ surgery and understand that I have the right to withdraw from the procedure or treatment at any time without in anyway effecting my medical care. These alternative have their own benefits, risks and side effects which have discussed with me.
- I understand that I'm responsible for the payment of procedure and any associated fees.
- I acknowledge that there is a strict "No refund policy" once the procedure has been performed.

Patient Name: MARIA CLARISSA SAGUN MAGALLANES

Patient Signature:

Date & time:

- **Healthcare Professional Declaration:**

I have adequately explained the patient about the procedure along with risks, adverse effects and the standard alternative that are available for the procedure.

I have permitted time and opportunity for the patient to ask questions and all questions have been answered to my knowledge.

Physician Name:
Physician Signature:
Date & time:

CitiCare
Health care Clinics/Pharmacies

File No: 48178

Date: 28 13 125

Consent for Mesotherapy

Eye Contour

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Patient Name: MARIA CLARISSA SAGUN MAGALLANES

Patient Signature:

Date & time: 28/3/25

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I have adequately explained the patient about the procedure along with risks, adverse effects and the standard alternative that are available for the procedure.

I have permitted time and opportunity for the patient to ask questions and all questions have been answered to my knowledge.

Physician Name:
Physician Signature:
Date & time: 28/3/25