

**Informed Consent form concerning a treatment with APHRODITE GOLD®**

In a personal conversation on.....Dr.....  
(physician) and client..... agreed on the following:

The physician has informed the client extensively about the possibilities and impossibilities of injections with Aphrodite Gold. The client has been sufficiently informed concerning his aptitude for an injection with Aphrodite Gold and the results to be expected. The details of the treatment have been explained to the client in clear, comprehensible terms. The advantages, disadvantages, both general and specific, immediate and later complications that may result from this treatment, as well as the alternatives to injection with Aphrodite have been discussed.

The client is familiar with the treatment procedure and the aftercare. The physician has explained the treatment technique and the anaesthetic method used for injection with Aphrodite Gold. The client is aware of the required aftercare and obliges himself to comply with the applicable instructions in this respect.

The physician has informed the client about the possible discomfort, risks and complications that may occur after every treatment, therefore including a safe operation like an injection with Aphrodite Gold. The client understands that even after a skilful performance of the treatment several risks remain, such as:

- the discomfort of extravasation of blood, which causes the skin to turn blue after a few days;
- painfulness during the treatment, which makes a local anaesthetic advisable;
- local redness and swelling immediately after the treatment, which are of a temporary nature;
- local sensitivity of the skin after the treatment, which is of a temporary nature;
- irritation of the skin with visible reactions of callosity and redness, which may occur after a longer period of time. If this is the case, the client immediately contacts the physician or clinic were the treatment was performed;
- general risks that may occur after any operation, such as, among other things, an allergic reaction, an infection, a disturbed healing. Not every general risk will have been discussed, but the client understands that these exist.

A personal file of the client will be kept. In it, all relevant data concerning the informative conversation, the operation and the check-ups are included. Also, photographs will be taken before and after the treatment so as to judge the result. The client has the right to inspect his file at all times.

Cosmetic surgery is not an exact science. The physician has clearly indicated which result he aims to achieve, but absolutely cannot give any guarantee concerning the success of a medical treatment. The client agrees that he has received sufficient information about the treatment, the result to be expected and the possible risks. The client agrees that he has stated his anamnesis truthfully and as completely as possible. The client was given the opportunity to ask questions and has received satisfactory answers to these.

The client gives the physician permission to perform the treatment.

The price of the treatment is € .....

The areas to be treated are: .....

The client has clearly understood the instructions for the injection and the information about Aphrodite Gold.\*)

The client knows that several treatments may be required for a pleasant and good result.

The client and physician have read through this agreement together and signed it in:.....

Date:

Physician:

Client:

\* Also see website [www.AphroditeGold.com](http://www.AphroditeGold.com)