



CONSENT FORM ATTACHEMENT

I, give my consent to the following Doctors to proceed with my Hair Transplant Surgery {Dr K. Maras, Dr Ch. Vrionidou} on surgery dates of/...../.....

I also give my consent to HDC Hair Trichology Centre Ltd to keep my personal information and photos taken for the purpose of surgery in their data servers.

Signature.....

Statement for COVID19:

	I responsibly declare:	Signature
	I didn't have any contact with Covid19 positive patient.	
	I don't have any symptoms like cough, fever, myalgia or any other symptom of Covid 19 infection.	

Patients presently taking β -Blockers are sensitive to epinefrine

If you are taking any prescribed medication for high blood pressure or heart related conditions, please declare below:

	I responsibly declare	Signature
	I do not take any medication for high blood pressure and/or other heart problems.	

	I responsibly declare	Signature
	I declare that I am not allergic to any medicine or food. In case of Allergy please describe	

I have been informed and I fully understand that certain post-surgical complications may arise, such as:

1] Allergic Reactions

I understand that it is highly unusual but possible that any allergic reaction may occur as a result of the medication or the local anaesthetics which will be given to me by HDC during my hair transplant. I also understand that it is important that the doctor who will carry out my hair transplant is fully informed by me of any known medical problems that I or a first degree relative has, as well as sensitivity to any medication that I know of.

I also understand that it is important that the doctor who will carry out the transplant surgery is informed by me of any medication that I have taken in the last 30 days, especially aspirin or any anti-inflammatory medicine or any addictive substances.

Initials

2] Redness

Redness is a possible condition of the recipient in post-operative period. Usually, it disappears in 2-4 weeks, but it can last for more in some cases, even to 2-4 months. It fades away gradually and does not disappear from one day to the next.

3] Shock Loss

Temporary hair loss may be rarely experienced from both the donor and transplanted regions. These hairs will grow again soon and you should not worry. This is a normal phenomenon and is known as 'Shock Loss'. Hair will re-grow in 2-4 months. This is less rare for those persons that hair is transplanted within their existing hair.

4] Growth of hair

When the grafts are growing, a possibility arises that they will be thinner and waiver than your existing hair. By time, these will become uniform like the rest of your Donor hair.

Signature: _____

Date: _____

[5] Failed Growth of grafted hair

Like all surgical cosmetic procedures, the result cannot be guaranteed. It is possible that some of the grafts may fail to grow and/or the transplanted hair may thin out and lose volume after a few years. HDC will take all necessary measures to ensure the best possible result of your hair transplant.

6] FUE white dots

In any surgery that includes cutting of the skin a scar is created, due to healing process. Every effort will be made so the FUE scars will be the smallest possible and as less visible as possible.

7] Numbness

Due to the possible severing of small nerve endings during the transplant process, there is a small possibility that you will experience numbness which will fade within a few weeks of the procedure, once these small nerve endings begin will heal. There is a remote chance that sensibility in that area may not return to the full same levels prior surgery. Lastly there is also a possibility of swelling and bruising which are a consequence of the surgery and will fade away on their own, in less than a week from the day they appear.

8] Photography

Photographs will be taken prior to and post-surgery. I understand and give my consent that these photographs will be used for medical, educational and, scientific without revealing my name anywhere on the photographs.

	You can use photos with :	Signature
	Face and cranium inclusive	
	Eyelids and above only	

Initials

:: The Patient makes it clear that he has been fully informed and fully understands the following:

I had the chance to read and understand the material, which was provided to me by HDC, including this consent form and the pre-surgery instructions.

Nobody from HDC has guaranteed to me that the result of the hair transplant will be the result which I desire. The procedure entails certain dangers which have been said to me and that I have fully understood.

Furthermore, I have been explained about the following:

- Probably I will lose more hair in the future, and I will need additional hair Transplant surgeries to cover my Baldness
- There is a possibility to move to high Norwood scales and my donor may not be enough to cover my baldness. In such a case my crown and NW class 6 area may remain uncovered
- My Transplanted hair may lose density and volume over the years especially if my donor will also become thinner due to hereditary hair loss. I will not consider that this is the responsibility of the clinic or accuse the clinic of any wrongdoing if this will happen.
- As I may move to high Norwood scales, the Clinic may choose a conservative hairline to put less pressure on my donor.
- As I proceed with more than 1 hair transplants it is expected that my Donor area will start to look thinner, and I may need to have the hair to certain length in order for the donor to look better.

I understand that during the hair transplant, there is a possibility that new circumstances may arise which will require doctor to deviate from his initial surgery plan. This might include fewer or more hair grafts than those originally agreed upon. I hereby give the doctor the right, to use his own judgement to complete the procedure, so that I may have the best possible result with the greatest safety which can be provided to me. If more grafts than the agreed are needed, this will be discussed with me for my approval.

I have read and understood the whole hair transplant procedure. HDC's doctors have given me the chance to ask any questions and fully understand the given answers which have given me full satisfaction.

I agree if there is any dispute with regards to my Treatment, the Cyprus courts shall have the exclusive jurisdiction to adjudicate, including any claim for negligence, breach of contract or any other related remedies.

Patient Name: _____ **Date:** _____

Signature: _____