Consent form for Hair Transplantation

I named ..... sex ..... aged ..... years,

Contact address : .....

Permanent address : .....

Different address if any .....

.....

Tel : Resi : ..... Mobile : .....

Tel of friend / parents .....

Email : ..... have been advised undergo hair transplantation I also state that I have understood the following address.

1. I have understood male hormones and heredity factors mediate the baldness that I have. (Androgenetic Aloepcia). This is a progressive condition .I have been given the option of need for treating the baldness by drugs .I have also understood that I need drugs for a long time(several years) even after undergoing transplantation to preserve existing hairs .I have understood the pros and cons of using drugs for long term basis.
2. I am aware of that hair transplantation is only a cosmetic procedure and have been involved in decision of making about the choice of treatment. I have been explained the pros and cons of undergoing the procedure.
3. I understand that while every effort will be made by the operating doctors to ensure optimum result a number of variables do exists and hence optimum results cannot always be guaranteed.
4. I have been explained that I will not have and cannot expect that I will have a full head after surgery. I understand that transplants are not perfect.
5. I am aware that the procedure will be performed under local anesthesia and give consent for the same.
6. I have been explained and understood the procedure of the surgery as follows:
   a) The posterior scalp will serve as the donor area. A strip of skin will be removed and sutured: I understand that there will be a scar in this area.
   b) The hairs from the donor area will be dissected and implanted on the bald area using special instruments.
   c) The hairline design on the bald area has been discussed with me specifically. A drawing was drawn on my scalp and shown to me in the mirror. I understand that I will need ..... number of grafts to cover that area and accept the same.

d) I have been explained about the possible complications that may occur during and after the procedure:

i) Postoperative swelling of forehead on 3rd -5th days

ii) Suture will persist for 2 weeks.

iii) Pustules/boils/pimple like lesions in 2nd -3rd month.

I have also been explained that keloids and hypertrophic scars, complication in any surgery, may occur after transplants.

7. I am aware that after the procedure, there may be a period of temporary hair loss. And that it may take 9-10 months after surgery for proper hair growth.

8. I have been given different number of grafts for the area from ..... number grafts ..... to grafts. After proper discussion and consideration, I have opted to have ..... number of grafts and I am fully aware of the area that would be covered with this number in this session. I have been explained that I may need further ..... operations for optimum cosmetic results. I am aware that good results will depend upon the necessary number of operation sessions to be undergone.

9. I am aware that the process of baldness may continue even after the surgery in other areas of the scalp. This will need treatment with drugs for prolonged period of time.

10. I have been provided sufficient time for asking questions and all my questions have been answered fully and satisfactorily. During personal consultations/emails, I have also read the following brochures separately:

1. Cause for hair loss and Drugs for hair restoration	(Yes)	(No)
2. Methods of hair transplantation	(Yes)	(No)
3. Booking procedures	(Yes)	(No)
4. Preoperative instructions	(Yes)	(No)
5. Post operative instructions	(Yes)	(No)
6. Power point presentation on the technique of transplantation	(Yes)	(No)
7. Copy of this consent form	(Yes)	(No)

Please answer the below questions properly. Any part illness should be reported.

1. Have you had any surgery before?	(Yes)	(No)
2. Have you had local anesthesia before?	(Yes)	(No)
3. Did you have tooth extraction before?	(Yes)	(No)
4. Did you have any injury/wound, which was sutured?	(Yes)	(No)
5. If so, was there a problem?	(Yes)	(No)

6. Did you have any problem with bleeding? (Yes) (No)

7. Did you have stomach acidity problem? (Yes) (No)

8. Do you smoke? If so, how much? (Yes) (No)

9. Do you drink alcohol? If so, how much? (Yes) (No)

10. Do you drink excess of tea/coffee? (Yes) (No)

11. Do you have diabetes/asthma/any other disease? (Yes) (No)

12. Have you recently taken injection tetanus toxoid in last 6 months? (Yes) (No)

13. Do you faint when seeing blood? Are you nervous person? (Yes) (No)

14. Will you able to come for stitch removal after 12 days? (Yes) (No)

15. Are you Allergic to any Medicine? If so, mention it (Yes) (No)

16. Do you take drugs for any other problem? If so, mention it. (Yes) (No)

17. Have you received pre-op, post-op instruction sheet? (Yes) (No)

I have fully understood the above information after reading it/being translated the same by Dr ..... I hereby give consent for Dr. .... to perform the procedure and any other medical service that may become necessary during the procedure.

The consent form has been signed by when I was not under the influence to any drugs.

Patient's Signature /- Doctor's Signature /-

Date : Witness Signature /-

The hairline design has been drawn on my forehead with different options on the mirror and I have had detailed discussions before giving my approval and photography.

Patient's Signature /- Doctor's Signature /-

Date : Witness Signature /-