



.....
(Full name of the Patient)

.....
(Date of birth or PESEL)

.....
(Phone number, e-mail address)

PATIENT'S INFORMED CONSENT FOR THE PROCEDURE:

- COSMETIC SURGERY.
- AESTHETIC MEDICINE.
- AESTHETIC LASER THERAPY.
- REGENERATIVE MEDICINE.

• Please mark with a cross in the selection box the procedure(s) you consent to undergo.

AESTHETIC MEDICINE

- 1. Biostimulators. Collagen biostimulators, poly-L-lactic acid (PLLA).
- 2. Biostimulators. Tissue biostimulators, youth molecule (such as Profhilo).
- 3. Botox - botulinum toxin - mimic muscles.
- 4. Botox - botulinum toxin - migraines.
- 5. Botox - botulinum toxin - hyperhidrosis.
- 6. Botox - botulinum toxin - bruxism.
- 7. Botox - hyaluronic acid, correction of lower face wrinkles. Soft-lift.
- 8. Platelet-rich fibrin (i-PRF), treatment of the scalp skin.
- 9. Platelet-rich fibrin (i-PRF), treatment of the face, neck, and décolleté skin.
- 10. Platelet-rich fibrin (i-PRF), therapeutic injection of the clitoris (O-shot).
- 11. Platelet-rich fibrin (i-PRF), therapeutic injection for disease changes.
- 12. Non-surgical face skin lifting, PDO and PCL threads, Aptos method.
- 13. Non-surgical neck skin lifting, PDO and PCL threads, Aptos method.
- 14. Non-surgical brow lifting, "foxy eyes" effect. PCL threads, Aptos method.
- 15. Rhinoplasty. Non-surgical nose shape correction. PCL threads, Aptos method.
- 16. Medical, chemical, deep peeling, Dermamelan removes discoloration.
- 17. Medical, chemical, deep peeling, TCA acid skin resurfacing.
- 18. Lips. Lip regeneration. Platelet-rich fibrin (i-PRF).
- 19. Lips. Lip volumetry. Hyaluronic acid.
- 20. Face volumetry, modeling with hyaluronic acid.
- 21. Face volumetry, facial filling with own fat tissue.
- 22. Hand volumetry, filling the backs of hands with hyaluronic acid.
- 23. Hand volumetry, filling the backs of hands with own fat tissue.

REGENERATIVE MEDICINE

- 1. Muscle electrostimulation, fat reduction, rehabilitation Compex.
- 2. IV drips, intravenous infusions, vitamin IV, intravenous nutritional therapy.
- 3. Therapy for severe spine and joint pain. Platelet-rich fibrin (i-PRF).



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- * Aesthetic medicine
- * Cosmetic surgery
- * Aesthetic laser therapy
- * Regenerative medicine

COSMETIC SURGERY SURGERY

- 1. Bichatectomy, reduction of Bichat fat pads.
- 2. Blepharoplasty, upper eyelid surgery.
- 3. Blepharoplasty, lower eyelid surgery.
- 4. Blepharoplasty of upper and lower eyelids.
- 5. Genioplasty, anatomical chin implants.
- 6. Liposuction of the chin and jaw angles.
- 7. Hip liposuction (saddlebags).
- 8. Flank liposuction.
- 9. Abdominal liposuction.
- 10. Chest liposuction.
- 11. Knee liposuction.
- 12. Calf liposuction.
- 13. Back liposuction.
- 14. Arm liposuction.
- 15. Thigh liposuction.
- 16. Buttock contouring (hyaluronic acid) (lipo-transfer).
- 17. Natural breast augmentation (hyaluronic acid) (lipo-transfer).
- 18. Neck lift, platysmaplasty, digastric muscle plastic surgery.
- 19. Loose skin fold surgery, outpatient surgical procedure.
- 20. Torn earlobe reconstruction, outpatient surgical procedure.

AESTHETIC LASER THERAPY

- 1. Laser skin firming (picosecond laser - collagenogenesis).
- 2. Laser skin brightening and cleansing (picosecond laser - skin tone).
- 3. Laser removal of permanent makeup (picosecond laser).
- 4. Laser removal of pigmentation (picosecond laser - depigmentation).
- 5. Laser tattoo removal (picosecond laser).
- 6. Laser removal of rosacea, fine blood vessels (diode laser).
- 7. Laser excision of skin defects (eCO2 ablative laser).
- 8. Laser resurfacing of scars, keloids (eCO2 ablative laser).
- 9. Laser skin layer resurfacing (eCO2 ablative laser).
- 10. Resurfacing, dermabrasion of upper or lower eyelids (eCO2 ablative laser).
- 11. Acne, laser treatment of active acne (eCO2 ablative laser).
- 12. HIFU ultrasound - deep lifting of the face, neck, and décolletage.
- 13. Laser hair removal with 3D 808+ epilation laser.

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Patient's Informed Consent for the Procedure:

I, the undersigned, declare that I have been informed in a manner that is understandable to me about:

- the possible side effects and complications associated with the above-mentioned procedure,
- the contraindications for the procedure,
- the technique and method of performing the procedure,
- the achievable effects of the procedure in my case,
- the post-procedure care,
- the duration of the achieved result,
- the minimum number of procedures necessary to achieve the planned effects,
- alternative treatment methods (including the option of no treatment) and alternative procedures.

..... signature

I am aware that the achievable effect of the procedure, the healing period, and the effectiveness of any potential therapy are strictly dependent on the individual case and are influenced by many factors, including my health status, age, individual skin reaction, and the body's response to the administered drugs and treatment methods.

..... signature

Before the procedure, I provided full and truthful answers to the questions asked during the interview regarding my health status, the existence/non-existence of pregnancy, medications taken, past procedures, and used hygiene measures and methods. I provided the information reliably.

..... signature

I am aware that the occurrence of typical negative consequences and complications, which I was informed about before the procedure, does not entitle me to make claims, as by providing full information to the questions asked during the interview and receiving complete and understandable information about the procedure and its undesirable effects, I independently accepted such risk. I am also aware that the basis for claims cannot be the discrepancy between the result, whose scope and type were clearly defined before the procedure, and my expectations.

..... signature

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I declare that I had the opportunity to ask the doctor questions regarding the planned procedure, possible complications, risk of complications, further treatment, and post-procedure recommendations, and the answers were understandable and exhaustive to me.

..... signature

I declare that the content of the consent was presented to me before the procedure, and the time that elapsed between the presentation of the consent content and the procedure was entirely sufficient.

..... signature

I declare that I have read the above, including the written information provided to me about the planned procedure, which constitutes an annex to this statement, and I give my informed consent for the procedure.

..... date and legible signature

I consent to be given the proposed anesthetics. I understand that all forms of anesthesia carry the risk of complications, including death.

..... date and legible signature

Signature and seal of the performing doctor:

.....

• The legal basis for obtaining written consent from patients for the procedure is Article 34(1) of the Act on the Profession of Physician and Dentist of December 5, 1996 (Journal of Laws 2015, item 464 as amended) and Article 18 of the Act on Patient Rights and the Patient Ombudsman (Journal of Laws 2016, item 186).

