Mini Neck Lift

MINI NECK LIFT

Status: active Form type: default Company: Acme Inc

This consent form is designed to ensure you fully understand the Mini Neck Lift procedure, its purpose, potential benefits, possible risks, aftercare requirements, and the alternatives available. You must read this document carefully before signing. If anything is unclear, your surgeon or practitioner will be happy to explain further. A Mini Neck Lift is a cosmetic surgical procedure aimed at improving the appearance of the neck by tightening skin, reducing sagging, and creating a more defined jawline and neck contour. It involves smaller incisions and less extensive dissection than a traditional neck lift, making it suitable for patients with mild to moderate skin laxity who wish to achieve a natural, refreshed look with shorter recovery times. The benefits of a Mini Neck Lift include a more youthful and refined neck contour, reduced sagging skin, improved jawline definition, and a less invasive approach compared to a full neck lift. Recovery is typically quicker, and scarring is usually minimal and well-hidden. As with all surgical procedures, there are risks. These include infection, bleeding, swelling, bruising, numbness, skin irregularities, unfavourable scarring, prolonged healing, asymmetry, hairline changes near incision sites, and dissatisfaction with the aesthetic result. In rare cases, nerve injury, tissue necrosis, or the need for revision surgery may occur. Healing time can vary from patient to patient, and final results may take several months to become fully visible. Alternatives to a Mini Neck Lift include non-surgical options such as dermal fillers, skin tightening treatments using ultrasound or radiofrequency, thread lifts, liposuction of the neck, or choosing no treatment at all. Your practitioner will have discussed which options are most suitable for your individual concerns and expectations. Aftercare plays a vital role in achieving the best results and minimising complications. You must follow all post-operative instructions, which may include wearing a supportive garment, keeping your head elevated, avoiding strenuous activity for the advised period, and attending follow-up appointments. Any signs of infection, increased pain, or sudden swelling should be reported immediately. Smoking and excessive alcohol intake can delay healing and must be avoided during the recovery period. It is essential that you provide accurate and complete medical history, including any previous surgeries, existing medical conditions, allergies, and medications, so that your practitioner can plan your treatment safely and effectively.

INFORMED CONSENT AND PHOTOGRAPHY

Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

☐ I will retain this information throughout the course of my treatment and refer to it as required.