Patient Consent Form

Regain Skin Clinic & Hair Transplant Centre

Patient name: _____

Age / Date of birth: _____

Mobile number: _____

Date: _____

Treating doctor: _____

Registration number: _____

1. Consent for Consultation

I consent to consultation and assessment by the treating practitioner. I confirm that I will provide accurate information about my medical history, allergies, medications, and previous treatments to the best of my knowledge.

2. Information and Treatment

I understand that the doctor will explain the proposed treatment, relevant risks, expected benefits, alternatives, and aftercare before any procedure. I understand that treatment outcomes vary and are not guaranteed. I may ask questions and may refuse or withdraw consent, subject to appropriate clinical and safety considerations.

3. Medical Records and Privacy

I understand that the clinic may maintain consultation notes, prescriptions, reports, treatment records, and other relevant clinical information for my care and applicable legal requirements. My information will be handled confidentially, subject to applicable law.

4. Communication

I agree to be contacted regarding my appointments and care through the contact method I have provided. Optional promotional communications require separate permission where applicable.

5. Photographs

Consent for clinical photographs and consent for publication or promotional use are separate. My clinical consent does not automatically permit the clinic to publish my photographs or testimonials.

6. Procedure-Specific Consent

I understand that this form does not replace a separate informed consent form for hair transplantation, PRP, laser treatments, chemical peels, surgery, or any other procedure where separate consent is required.

I have had the opportunity to ask questions and understand the information provided to me.

Patient/authorized representative name: _____

Signature / thumb impression: _____

Date and time: _____

Relationship to patient, if applicable: _____

Treating doctor's name and signature: _____

Date and time: _____