

CONSENT TO TREAT  
Office of  
Dr. Hamid V. Tehrani, MD  
Ferdos Health PC

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I consent to allow Dr. Tehrani to perform the necessary medical evaluation (including gathering personal information, medical history, doing a physical examination and obtaining data from other healthcare providers and sources), to diagnose and treat the conditions for which I seek his assistance. My right to make informed treatment decisions has been explained to me. This right includes the right to ask questions, the right to be informed of the risks, benefits, and alternatives of each intervention, and the right to be generally included in the decision-making. This consent includes the consent to receive the following procedures:

Initial

- \_\_\_\_\_  Injection of botulinum toxins
- \_\_\_\_\_  Injection of fillers
- \_\_\_\_\_  Placement of solid fillers: PDO Threads & lifting PDO threads
- \_\_\_\_\_  Nerve blocks—use of anesthetics and paralytics
- \_\_\_\_\_  Joint aspiration or injections
- \_\_\_\_\_  Trigger point injections
- \_\_\_\_\_  Incision & Drainage
- \_\_\_\_\_  Other (write below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My physician has discussed each of the above procedures, their risks, benefits, and alternatives, and I have received written information on them. In general, I understand that these procedures are minimally invasive, but that there is a variable risk of infection, bruising, bleeding, pain, vascular occlusion, tissue necrosis, nerve paralysis or damage (both temporary and permanent).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to the Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature