



GENERAL CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

I (Name) _____

of, (Address) _____

consent to the operation of _____

(and medication or anaesthetic, if need be) being performed upon myself.

I fully understand the nature of the procedure. The possible complications have been fully explained to me, such as redness, swelling, lumps, peeling, scabbing, infection, scars, temporary or permanent pigmentation changes, pain, the need for further treatment, damage to other regions and other severe or unexpected side effects, such as death. I release Dr Murray and all staff from medicolegal liability.

Signed: _____

Date: _____

Witnessed: _____

Date: _____

I cannot dispute what I have read, agreed to and signed above. If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.

I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records.
(please initial) _____