



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

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

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

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**Patient's Informed Consent for the Procedure:**

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.....

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



Dr. Maciek Sznurkowski  
Medical Aesthetic Expert  
ms@drsznurkowski.com  
mobile: +48 733 386 649



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

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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.

..... date and legible signature

Signature and seal of the performing doctor:

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- 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).

