

PANACEA HAIR CLINIC team (doctors, practitioners and nurses) carrying out the procedure intend to offer you high – quality treatment carried out in a proper and meticulous manner. For the purposes of the treatment and the healing process, it is important that both you and we take our share of responsibility and respect certain agreements. Your active participation in this is essential, and is confirmed by signing this consent form, given to you by PANACEA HAIR CLINIC.

Client

Date of birth

Address

Phone/email

Diagnosis

Treatment

Surgeon

The signed client below declares the following:

1.

I have read, understood and accepted the patient information and instructions regarding the treatment known as hair transplantation according to the GHO-FM method. I have had the opportunity to ask questions and to consider the answers, and I am aware that I can contact PANACEA HAIR CLINIC and/or the doctor in attendance should I wish to be given more information about the treatment.

I am aware of the course, aim and purpose of medical service, with its nature, with its positives and the expected benefit, with its consequences, potential risks and possible discomfort that could be reasonably foreseen, also I am aware of alternative methods of treatment and their impact on my health.

2.

In particular, I understand and accept that, following the treatment, not only the desired and expected effects but also other temporary, localized effects may occur (such as scab formation and light bleeding, swelling, discolouration of the skin, minor infections and allergic reactions). I understand and accept that the final cosmetic result will be evident six to twelve months after the last treatment.

The doctor also informed me about possible limitations in my usual way of life and ability to work after the treatment. I confirm that I have received written instructions to comply with the preventive measures and treatment regime, I was also advised on the control of health performance (examination prior to hair transplantations, the after check-ups).

3.

I therefore understand and accept that PANACEA HAIR CLINIC and the doctor in attendance will work carefully and precisely, but that no guarantees can be given regarding the end result of the treatment.

4.

I understand and accept that the team PANACEA HAIR CLINIC and/or the physician in attendance cannot be held responsible for damages and injuries of any nature that may come out of the surgery/the treatment after leaving the medical facility where the surgery had been performed (that means at PANACEA HAIR CLINIC, Koněvova 31, Prague 3 (e. g. injuries in vehicles, means of transport and others)).

5.

I understand and accept that I am obliged to provide PANACEA HAIR CLINIC and/or the doctor in attendance with information to the best of my knowledge and to give PANACEA HAIR CLINIC and/or the doctor in attendance any assistance that can reasonably be deemed necessary for the purposes of carrying out the treatment. In particular, I will visit PANACEA HAIR CLINIC for all prescribed consultations and treatment.

6.

If, due to circumstances beyond my control, I am unable to attend for treatment on the planned date, I will inform PANACEA HAIR CLINIC of this without delay specifying the reasons and, if requested by PANACEA HAIR CLINIC, providing evidence, I will then make a new appointment at PANACEA HAIR CLINIC for the treatment.

7.

In case of unsuccessful intake (less than 80 %) PANACEA HAIR CLINIC will take all responsibility and will use one of the following possibilities:

- a) repair the whole case with appropriate agreed number of grafts, or
- b) pay back the amount (up to 30 % maximum) of originally paid sum by client.

The conditions above are fully valid in case the recipient area was not damaged by the dermatological disease, by the local treatment, by whatever surgery or due to the trauma.

The facts mentioned above refer to clients who suffer from no metabolic or other diseases that might have a negative impact on healing and on embedding of new grafts.

We draw our clients' attention to the fact that the latest clinical studies describe the negative influence of smoking on embedding of new grafts. Smoking during 14 days before and 7 days after the surgery may decrease the FUE grafts even by 20 %.

For cases of female alopecia, the source of which has not been established, the same 80% success rate that is standard in men can not be guaranteed.

8.

Applicable law and the competent court:

- I understand and accept that the legal relationship between the patient and PANACEA HAIR CLINIC and/or the doctor in attendance is governed by Czech law

- I understand and accept that any dispute relating to or arising from the legal relationship between the patient and PANACEA HAIR CLINIC and/or the doctor in attendance can only be referred to the competent court in Prague

9.

In order to achieve my desired result, PANACEA HAIR CLINIC has offered me the following advice:

front:

back:

10.

I would like to undergo the treatment, *choose and circle please*: YES NO

I will pay for the treatment in two steps: the deposit in the amount of 500,- EUR (surgery for one day only) or 1 000,- EUR (surgery for 2 days) to bank account bellow and the rest of the sum in cash upon the day of treatment. The bank transfer of the whole amount is also possible when agreed but always before the surgery.

Beneficiary

GHO CLINIC PRAHA, Konevova 31, 130 00 Praha 3 – Zizkov, Czech Republic

Bank:

CSOB, a. s., Zamocka 10, Bratislava, Slovak Republic

IBAN: SK65 7500 0000 0040 1210 4534

BIC: CEKOSKBX

variable symbol: *(the date of surgery in form xxyy)*

PANACEA HAIR CLINIC, Koněvova 31, 130 00 Prague 3

Tel.: +420 222 582 340, E-mail: info@panaceahairclinic.cz , www.panaceahairclinic.cz

If the preop check-up has been done at our clinic, the amount of 850,- CZK (or the same in EUR) is being charged. Results done by client's physician or internist sent us before the surgery (by email, post, fax...) are also acceptable.

PANACEA HAIR CLINIC is entitled to alter the price of a treatment at any time, for example on the grounds of (but not limited to) inflation – related corrections, changes in the prevailing market conditions and the price structure at PANACEA HAIR CLINIC. In particular, PANACEA HAIR CLINIC has indicated that such price changes can be expected if more than six months pass between signing this consent form or the consultation and the time of the treatment and/or subsequent treatments. I understand and accept this.

I understand and accept that if I have not made the agreed payments on time, PANACEA HAIR CLINIC will be entitled to cancel treatments without any refund obligation.

I understand and accept that if I cancel the treatment within two days prior to the treatment, PANACEA HAIR CLINIC will not refund the payments already made. If the cancellation is due to circumstances beyond my control, due to which no new appointment can be made for treatment, PANACEA HAIR CLINIC will then refund the whole amount.

I understand and accept that I will ask no health insurance company for refunding the amount paid for the hair transplantation.

11.

I hereby give my consent to the doctor at PANACEA HAIR CLINIC to carry out the necessary medical treatment, tests and anaesthesia required for the hair transplantation according to the GHO-FM method.

12.

I know and understand it is forbidden to smoke anywhere at the clinic. The clinic is the smoking free environment according to the Czech law. If I break this regulation during my stay at the clinic, I am aware the surgeon has the right to cancel carrying out the surgery. The fine for smoking at the clinic makes 500,- EUR cash due immediately on the spot.

13.

I understand and accept that it is forbidden to take snaps, video and sound recordings in all areas of the clinic/medical facility. Exceptions are given only by the medical director of the clinic/medical facility and the consent must be given in advance in writing.

All snaps, video and sound recordings done without the consent of the medical director shall be subject to the destruction on the spot. Unauthorized snaps, video and audio

recordings published anywhere will be propound to the legal department of the medical facility/clinic where they were done illegally. (Any surgery is officially recorded and in the case of interest, the patient may receive a compact disc of it for his/her own purposes immediately after the surgery if there is time to do so and if it is technically possible.)

14.

I certify by signing that the doctor told me and explained the details of the purpose, nature, expected benefit, consequences and possible risks of the treatment. I was informed about the available alternatives of the treatment and I was also informed of the possible limitations in my normal way of life and ability to work after a medical intervention. I confirm that I have received written instructions on the treatment regimen and preventive measures to comply with the preventive measures and treatment regimen. I was also informed about the control of health performance. I understood all the instructions and data, and confirm all my questions were answered by the doctor satisfactorily.

15.

I understand and respect that I can leave the clinic after the final post-op check, with agreement of the responsible physician and with attendance of clinic's staff.

..... in Prague

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Client

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Peter Hajduk, MD
PANACEA HAIR CLINIC