



PATIENT TREATMENT FORM

General Injection, Aesthetic, Body-Contouring, and Physical Treatment Consent

For the specific procedure and individualized disclosure recorded below

Patient legal name:	Date of birth:
Preferred phone:	Date of form:

Purpose and Scope

This consent applies only to the treatment identified in this document and your completed treatment plan. Before you sign, PHO will identify the proposed service, responsible professional, clinical purpose, treatment area or route, expected course, material risks, reasonable alternatives, follow-up, and charges. You will need to review that information and ask for clarification before deciding. A signature on a general registration packet does not authorize an unspecified drug, dose, injection, procedure, or device treatment. This form supplements your General Consent for Evaluation and Treatment, HIPAA Notice of Privacy Practices, applicable Telehealth Consent, financial agreement, Good Faith Estimate notice, and patient portal terms. Separate legally required consent remains necessary.

This form supports only the named injection, aesthetic service, body-contouring procedure, physical treatment, or device-based intervention described in the completed plan or attached clinical disclosure. Listing a broad category does not authorize every service PHO offers. When a specific PHO consent, manufacturer checklist, or procedure-specific informed disclosure is required, PHO will obtain it before treatment. If material procedure information is missing, this general form alone is insufficient to proceed.

Government Requirements and PHO Commitments

Florida's Medical Consent Law, section 766.103, and the patient-rights requirements in section 381.026 govern applicable informed decisions and patient rights. Florida professional licensing laws and Department of Health and professional-board rules govern who can evaluate, prescribe, administer, or supervise your care. AHCA administers applicable clinic requirements under chapter 400, part X, chapter 408, part II, and implementing rules. Their application depends on the clinic's legal status and services. PHO will comply with applicable requirements, maintain required professional and facility authorization, and provide services within lawful scope and supervision. Agency oversight is not an endorsement or guarantee of your treatment result.

HIPAA and section 456.057 protect applicable health information and medical records. PHO will safeguard your information, document your care and decisions, and honor applicable access, confidential-communication, and complaint rights. Your signature is not a release of negligent care, a waiver of privacy rights, or permission for public marketing. Clinical photographs and special testing or sensitive-record disclosures will be addressed separately when required. PHO will apply any more protective law governing your record or service.

PHO will confirm the professional's lawful scope, applicable delegation and supervision, equipment or product status, required facility or procedure authorization, and the intended route and area. A trained staff member can assist within lawful duties; the responsible healthcare professional will ensure that clinical indications, risks, alternatives, and consent are properly addressed. An administrative explanation or website description does not replace that responsibility.

Procedure Description

Before signing, you will receive the exact procedure name, purpose, anatomical site and side, device make and model or medication and ingredients, proposed course and route, material use outside labeling, expected aftercare, and cost. The professional will address the benefit expected for your circumstances, major uncertainties, reasonable alternatives, and the risk of no improvement. The completed clinical disclosure will identify any procedure-specific serious risk that a generic list cannot adequately explain. Your questions and unresolved concerns will be addressed before you decide. A material change in drug, dose, route, device, or procedure requires revised information and additional consent when necessary.

General Risks

Depending on the actual service, risks can include pain, discomfort, bleeding, bruising, swelling, redness, infection, allergy, burns or skin injury, pigment change, scarring, delayed healing, asymmetry or contour irregularity, numbness, nerve irritation, tissue or vascular injury, fainting, worsening symptoms, unsatisfactory appearance, and the need for medical review or further treatment. Rare or unexpected serious complications remain possible. These risks are not equally applicable to every modality and are not a complete informed disclosure for a specific intervention.

An injectable's ingredient, route, dose, and placement can add medication reactions, interaction, tissue damage, or vascular complications. A heat-, light-, suction-, pressure-, or electrical-energy treatment has its own site, eye, implant, burn, or nerve precautions. PHO will identify the risks actually material to your chosen procedure in the completed disclosure. Do not assume a prior uncomplicated treatment removes these risks.

Patient Disclosure and Contraindications

You will need to disclose pregnancy or breastfeeding, allergies, all medicines and supplements, blood thinners, pacemaker or other implants, metal or mesh near the treatment area, cancer or immune suppression, diabetes, poor healing, bleeding disorders, clotting history, infection, skin disease, reduced sensation, previous reactions, and recent surgery, injections, fillers, or other procedures. Report new symptoms or health changes before every session. PHO will assess the device- and procedure-specific contraindications and postpone, stop, or decline unsafe care. Do not conceal a safety concern or request an unreviewed treatment area.

Aftercare, Alternatives, and Follow-Up

Your professional will identify reasonable alternatives, including no elective treatment, observation, conventional care, a different modality, or specialist or surgical consultation where appropriate. You will receive written preparation, home care, activity, medication, and follow-up directions for the actual procedure. You will need to follow them, avoid changing doses or operating equipment yourself, and report complications before another session. Do not stop another clinician's prescribed medicine or begin an adjunct based solely on a general aesthetic instruction.

PHO is an outpatient practice and does not provide emergency medical services or an after-hours or on-call emergency clinical service. For chest pain, severe breathing difficulty, throat or tongue swelling, loss of consciousness, stroke symptoms, or another emergency, call 911 or go to an emergency department immediately. Do not wait for a PHO appointment, portal, email, text, voicemail, or community-message response. For non-urgent questions, contact 561-778-8121 during clinic operating hours and use the approved clinical communication method for health information.

No Guarantee and No Refunds

PHO's own services are cash-pay. You will need to pay the disclosed consultation fee immediately after your consultation. If you choose a treatment package, the full disclosed price is due at purchase unless PHO approves a written installment agreement requiring at least 50 percent down and specifying the remaining amounts and due dates. A recurring plan requires separate, completed payment authorization; this clinical signature does not authorize recurring billing. PHO will provide applicable Good Faith Estimates and itemized charge information. Outside laboratories, pharmacies, or other providers will have their own billing terms; insurance use for outside services does not mean PHO accepts insurance. You will need to verify coverage and expected outside costs before authorizing those services; coverage is not guaranteed.

PHO does not maintain standing inventory of unassigned patient medications or treatment products for anticipated resale. Relevant evaluation, laboratory review when required, treatment selection, consent, and payment precede your patient-specific order. Your order or invoice will identify the purchase, price, fulfillment terms, and the point at which an authorized order becomes noncancelable. Not every medication is compounded.

PHO's final-sale and no-refund policy is a clinic business policy, not a government rule requiring every healthcare purchase to be nonrefundable. PHO will not voluntarily accept medication or healthcare-product returns or refund an authorized purchase after its disclosed patient-specific order commitment. PHO will not voluntarily refund consultation, assessment, procedure, or treatment services already partially or fully provided. Individual preparation, pharmacy or supplier costs, professional time, shipping, refrigeration, sterility, storage, contamination, tampering, and product integrity can make the incurred costs nonrecoverable. A change of mind, discontinued treatment, missed follow-up, or an undesired result alone does not create a voluntary refund for those authorized costs.

PHO will evaluate prepayments for unprovided services, unused package portions, unavailable products, or canceled future care under the actual written agreement and applicable law; they are not automatically forfeited. PHO will correct established billing errors, unauthorized or duplicate charges, and legally required refunds. Section 456.0625 and section 408.12, where applicable, require qualifying patient overpayments to be refunded within 30 days after determination. Good Faith Estimate remedies and other non-waivable rights remain protected. Report a billing or fulfillment concern promptly;

contacting PHO does not eliminate an external dispute right or extend a legal deadline.

You will need to cancel at least 24 hours before your scheduled appointment start. PHO will charge \$25 for cancellation less than 24 hours before that time, including a rescheduling request that cancels the original appointment within that period. If you arrive or connect more than 10 minutes late, PHO will classify the appointment as a no-call/no-show and charge \$20; calling ahead does not extend the arrival limit. Failing to attend without canceling also carries the \$20 no-call/no-show fee. Cancel by calling 561-778-8121 or using the scheduling method specifically identified in your confirmation. Give your name and appointment date and time and retain the message or confirmation. PHO will document receipt and will not impose a patient cancellation or no-show fee for a PHO cancellation or PHO system failure. These scheduling fees do not mean an unperformed treatment was provided. Appointment cancellation does not cancel a separate recurring plan or committed product order.

No cosmetic, functional, symptom, wellness, body-contouring, or long-term result is guaranteed. A performed procedure cannot be undone by returning it, but PHO will not equate a reservation or unprovided package component with care already performed.

Patient Acknowledgments and Voluntary Consent

You have the right to ask questions, seek another opinion, decline the proposed treatment, and withdraw consent to future treatment. Tell PHO immediately if you do not want to proceed or do not understand an instruction. Withdrawing consent does not undo care already provided or lawful charges already incurred. If necessary testing, monitoring, or consent is not completed, your professional will explain whether care must be delayed, modified, or stopped and will address appropriate follow-up and continuity of care. PHO will retain the specific completed form, signing date, recorded decisions, and verified representative authority in the appropriate record. You can request a copy. Sign only after the patient-specific information is completed and your questions have been addressed; do not sign a blank authorization.

By signing, you acknowledge the named procedure and attached disclosure, material risks, alternatives, safety review, individualized instructions, absence of a guaranteed result, and financial terms. You voluntarily authorize only the described procedure. This consent is not a blanket liability release or permission to bypass a required specific consent.

Your Specific Treatment / Instruction Record

PHO will complete these patient-specific details with you, or identify the attached completed clinical plan, before you sign. Unused fields will be identified as not applicable with the appropriate explanation. A blank field is not consent to an unspecified treatment.

Specific procedure / clinical indication:	Treatment area(s), side and planned date:
Device make / model / modality or medication, ingredients, dose and route:	Intended course, interval, duration and treatment plan reference:
Device / product labeling status and material use outside labeling, if relevant:	Specific contraindications reviewed; additional checklist or consent reference:
Material procedure-specific risks and alternatives discussed:	Preparation, aftercare and follow-up instructions supplied:
Cost / order or itemized plan reference:	Questions, responses and clinician completing discussion:

Your signature authorizes only the completed, identified care described in this form.

Patient / authorized representative signature:	Date: _____ Time: _____
Printed name:	Representative relationship and verified authority, if applicable:
Clinician completing treatment discussion / instructions:	Clinician signature and date:

PHO will record the specific form version and signing details. For electronic signing, PHO will retain the identity, date and time, document, recorded decision and applicable representative authority. You can request a copy.