



## Patient Consent Form—Implant Insertion

---

Patient Name: \_\_\_\_\_

Procedure Name: Subdermal Implant Insertion

### Patient Consent

I confirm that the information given by me is correct.

I have read the information leaflet on subdermal implants.

The risks and side effects of the procedure and the device have been explained to me.

I understand there is a risk of scarring or keloid scar formation.

I understand that removal of the device will involve a surgical procedure and may cause a scar.

I agree to the procedure; Subdermal Implant Insertion.

Signed \_\_\_\_\_

Date \_\_\_\_\_