

NEOGRAFT HAIR RESTORATION CONSENT

NeoGraft hair restoration transplant system is a minimally invasive FDA approved automated system to provide a solution for hair loss. The NeoGraft machine uses the newest method of hair transplantation called FUE (follicular unit extraction) which utilizes pneumatic pressure to extract the individual hair follicles. During this process the follicles are untouched, minimizing the possibility of damage and are then contained in a sterile container that frequently mists the grafts. Keeping the grafts moist and robust is essential to maintain the strength of the follicles as they will be implanted back into the thinning or balding areas of the head. The implantation of the grafts back into the thinning areas of the head are done with the implant handpiece which employs the same pneumatic pressure and no touch technique used during the extraction phase of the hair follicles. The procedure is performed with local anesthetic and no intravenous or intramuscular sedation is required. With the FUE hair transplant method done by the NeoGraft there is very little or no visible scarring which allows for the hair to be worn short. This process also reduces the chance of damage to nerves, severe head pain, and damage to major blood vessels.

All of my questions have been answered. I acknowledge that I must commit to the proper aftercare procedure determined by my doctor in the hopes that I might benefit from this new technology. I understand that results vary from person to person. I further understand that this is a hair transplantation system to counter the effects of balding or thinning of the hair and new growth may occur but my results may be other than what I expect. I also understand that during the process of extraction of the hair follicles some grafts may be damaged, due to the use of pneumatic pressure and therefore may not be used for implantation purposes. The efficiency and nature of this procedure has not been entirely studied, however what is known has been fully explained to me.

I acknowledge that no guarantee has been made to me by anyone regarding the results of the NeoGraft hair transplant system, which I have requested and authorized. The fee for the program includes all diagnostic tests, follicle treatments, and any additional products. This program and funds are non-refundable unless a physician's documentation confirms continuance will be detrimental to the client's health.

I accept the consequences of this treatment and release the medical center, the doctor and the NeoGraft technician from liability for the above procedure.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____