

Navdeep Hair Clinic
112, Sukhdev Nagar, Panipat-132103
Mob: 94165 00112, www.navdeephospital.in

CONSENT FOR HAIR TRANSPLANTATION PROCEDURE

Date: ___/___/2026

Page | 1

1. I, S/o Sh. Age: Sex: Male, do hereby consent and agree to having hair replacement surgery performed upon me, and any other medical services which during the procedure become medically reasonable and necessary. This includes, but is not limited to, the administration of anesthetics and/or sedatives necessary to perform a hair transplant procedure.
2. I am aware that good results will depend, in part upon my completing the necessary number of operations recommended by the doctor. However, because many variables exist, I have not been promised or guaranteed good results. I also understand that the quality and amount of preexisting hair are major factors in the ultimate result. I understand I will not have hair of the same thickness/density as I had prior to the onset of my hair loss.
3. Prior to my consenting to cosmetic surgery, I state I have read or have been given the opportunity to read and/or discussed with my physician the following literature, which has been supplied to me: ·

Navdeep Hospital's website address,

List of Complications,

Preoperative and post operative Instructions

A fee schedule of current charges per session

4. I fully understand the results that I may reasonably expect. I understand hair transplants are not perfect. An explanation of this procedure has been given to me. I have had the opportunity to ask any questions regarding this procedure. I do understand that I will not obtain a full head of hair from the procedure. I understand that visibility of the sites following a transplant surgery can last for a number of days or months.

That I have been told that exact number of grafts cannot be counted by me and I have been charged according to area covered in transplant.

5. The pros, cons and alternatives to transplantation have been explained. I have the option of doing nothing, wearing a hairpiece/wig, using prescription medication or having a transplant surgery. A combination of the above is also possible. I have been informed of all options.

6. Dr. Navdeep Goyal has suggested 2 - 3 sessions as a minimum. I understand that more operations / sessions may be recommended later due to ongoing loss of my non-transplanted

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hair. I understand that all recommendations made during my consultation and treatment are estimates and may change later.

7. A thickened or raised scar (a hypertrophic scar/keloid) is possible. This is more likely to occur in patients with a history of this type of scarring.

Page | 2

8. I am aware that complications may occur. The more common complications and a partial list of rare complications of this surgery have been explained to me. Unforeseen, rare complications, such as unanticipated reaction to medications and anesthetics, uncommon infections, and unusual healing responses, are possible. Every unforeseen complication may not have been discussed with me in detail, but I do understand that such risks do exist.

9. I consent to and authorize the performance of hair transplant surgery by Dr Navdeep Goyal, M.B.B.S., D.N.B Anesthesia, Dr Marrilin Gupta, B.D.S, M.D.S Prosthodontics and their assisting technicians.

10. Cobblestoning may happen. Is more prominent in face for beard and mustache transplant and may need further treatments. Sometimes Cobblestoning may be permanent.

11. Hair transplants may not be permanent. They are usually very long lasting, but rarely have fallen out in one to ten years.

12. There is a possibility of some temporary hair loss in the back of the scalp surrounding the area. In the transplanted area shedding of existing hair, called telogen effluvium, may occur after the surgery. If this hair is at the end of its normal life span, it may not return.

I have been explained that if more than 1500 grafts are extracted from head donor area, there will be visible thinning in donor area.

13. As with all surgical procedures, results cannot be guaranteed. It is possible that some or all of the transplanted hair may fail to grow. Every effort will be made to give the maximum yield.

14. I give full permission for use of my photographs and videos for advertisement or for promotion of hospital or doctors.

15. This consent was read and signed while I was not under the influence of medications, which cause drowsiness.

16. I certify this form has been read or it has been read to me, the blank spaces have been filled in, and I understand its contents.

17. I have disclosed all information regarding past and present medical conditions, current medications, and known drug allergies. This information is necessary so that the proper medical

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treatment is given at all times during the transplant procedure. Some postoperative discomfort may be experienced. I acknowledge I am responsible for payment of these services with no fee reimbursement regardless of procedure results. I understand the fee paid is for the procedure and not for an expected result.

18. That doctors personal wifi password is being provided to me and I will be responsible for fair usage by me and my accompanying persons.

Page | 3

19. That in case of any litigation, all expenses payable by hospital if any in litigation and compensation will be limited to Rs 10,000/-.

Date:

Time: AM / PM

Patient:

POSSIBLE COMPLICATIONS · Nausea and vomiting from pain medication · Bleeding (less than 5%) · Infection (less than 1%) · Excessive swelling · A temporary headache · Temporary numbness of the scalp · Scarring around the grafts · Poor growth of grafts · Reaction to medications (less than 1%) · Fainting (less than 1%) or syncope episodes · Occasional small-ingrown hairs - causing a cyst (less than 10%) · Scarring of the donor area - wide scars are possible (less than 5%) . Bruising . Patients who smoke have a higher rate of delayed wound healing and lower graft yield. Smoking is not recommended for 2-3 weeks prior to and following the procedure. Cobblestoning.

RARE COMPLICATIONS (Partial list only) · Keloid formation · Complete failure of growth of transplanted hairs · Persistent scalp pain · Total loss of donor hair · Permanent numbness of the scalp · Noticeable scarring of donor area · Loss of transplanted hair · An allergic reaction or medication-related problem.

PATIENTS FOR REPEAT HAIR TRANSPLANTATION:

I acknowledge that prior to contacting Navdeep Hospital, I received Hair transplants or scalp reductions. The first transplantation has produced a scar on donor area in the form of a line/ multiple dots and this reduces elasticity, alters direction of hairs.

This means that number of available hairs are less, skin is less stretchable, scarring makes second procedure more difficult. In view of this second procedure is never as good as the first procedure.

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CONSENT FOR ANESTHESIA SERVICES

All forms of anesthesia involve some risk and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare and unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reaction, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death.

Page | 4

Expected results: Temporary loss of feeling and/or movement of a specific area. Technique: Drug injected near nerves providing loss of sensation to the area of the operation. Risks: Include but are not limited to, infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels, or nerve injury. I hereby consent to the anesthesia service described above and authorize its administration by Dr Navdeep Goyal and/or his associates. I also consent to an alternative type of anesthesia if necessary and deemed appropriate. I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and consider my decision.

Patients' signature:

Date/time:

Address:

The hairline design and area to be covered has been drawn on my forehead with different options and shown on the mirror and I have had detailed discussions before giving my approval.

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Signature of Patient: