



Colorado Facial
Plastic Surgery
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Creating Beautiful Faces

Aesthetics by Design
Creating Beautiful Skin

MINT Lift Consent

I, _____, as a patient here at _____
(Patient's Full Name) (Clinic Name)

1. The procedure:
 - a. MINT, a patently-molded PDO thread, will be used in a minimally invasive procedure to target sagging jowls, nasolabial folds, marionette lines, unwanted midface wrinkles, sagging neckline, undefined jawlines, etc. to pull up the targeted areas and achieve a desired look.
2. Complications:
 - a. Relapse
 - i. Despite the thread effectively lifting areas listed above, over time and as the patient ages, wrinkles and sagging will recur.
 - b. Infection
 - i. For prevention of infection and precautionary measure, the patient will receive a prescription for antibiotics to be taken as directed by the doctor.
 - c. Bleeding & Bruising
 - i. Like any other procedure, there is a possibility of bleeding and bruising, but it will subside after a couple days and 1-2 weeks respectively.
 - d. Scars
 - i. Should an incision be made during the procedure, a scar may result, but it will typically be made in the hair line to avoid showing (*speak to your doctor if an incision will be made, typically no incisions are made*).
 - e. Discomfort
 - i. Due to threads being placed in the skin, there may be discomfort in the area for several days after the procedure, but will lessen over time. Pain and discomfort can be managed by taking ibuprofen (ex. Motrin, Advil, etc.).
 - f. Disorder of face movement
 - i. This is rare, but depending on the pulling within the SMAS (superficial musculoaponeurotic system) layer, it can affect a branch of the facial nerve and can cause disorders in facial movements, however this typically recovers over time.
 - g. Skin necrosis
 - i. This may occur if blood circulation is not sufficient.

- h. Dimpling and bunching
 - i. Dimpling and bunching may occur due to the barbed threads being placed inside the skin, however this can be massaged out by the provider.

I have been fully informed by the provider/provider's staff regarding the procedure, its possible side-effects, and post-op care, which are listed, but not limited to the articles listed above.

Should there be any questions regarding the procedure, I, the patient, am responsible to ask questions during the consultation for any additional information that may not be listed on this form.

Patient signature: _____ Date: _____

Witness Signature: _____ Date: _____

Physician Signature: _____ Date: _____