



**DERMALife**  
Skin, Cosmetic & Laser Clinic  
عيادة جلدية وتجميل وليزر

## الدكتور نضال عبدالله عبيدات

مستشار جلدية وتناسلية وليزر (لندن) - علم الأنسجة الجلدية (الزمالة الكندية)  
مدينة الحسين الطبية (سابقاً) - محاضر غير متفرغ في جامعة العلوم والتكنولوجيا  
عضو الجمعية الأوروبية للجلدية - عضو الجمعية الأردنية للحساسية والمناعة

### Consent Form

I, the undersigned, .....

I certify that I have visited Dr. Nidal Obaidat's clinic, and after the doctor evaluation using the diagnostic methods available to him and before starting taking the necessary medical measures for my case (disease or cosmetic procedure)

.....  
I was fully notified by the specialist doctor (or his representative from the clinic) about my condition and I understand it now as I have been informed in a detailed and accurate manner, in a way that is understood to me by all means about the medicines and treatment options that are available to me. The approved treatment or procedure is

.....  
Among the complications that may occur from this procedure or treatment: (Examples include pain, redness and inflammation, swelling, bruising, scarring, etc.)

.....  
I understand that most of these symptoms are temporary and go away or get better with treatments and time.

This procedure may require several visits to the clinic.

The treatment results were also clarified and the results of the treatment / procedure differ from one person to another according to individual physical and psychological response.

The treatment, its quantities and method of use are described clearly and I was alerted of the necessity to adhere to the instructions that were specified to me for treatment and to contact the clinic and inform them as soon as any untoward effects occur.

Accordingly, I sign this form without any liability towards Dr Obaidat or his clinic.

Patient name: .....

Signature: .....

Date:

Name and signature of the clinic delegate for approval:

Doctor signature/stamp:

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