NeoGraft Informed Consent

Patient Name: *

Date of Birth: *

Please input Date of Birth

INSTRUCTIONS

This is an informed consent for services provided by NuBody Physicians, PLLC d/b/a NuBody Concepts and Nashville Hair Doctor ("the practice"), which has been prepared to inform you about the NeoGraft Follicular Unit Extraction (FUE) hair restoration method and its risks. It is important that you read this information carefully and completely, then sign the consent for surgery as proposed by your NeoGraft consultant and agreed upon by you.

GENERAL INFORMATION

NeoGraft is an automated, minimally invasive hair transplant system that uses a technique called follicular unit extraction (FUE) to transplant hair follicles from a donor area to a recipient area with no linear scar. The device uses pneumatic pressure to assist in extracting and implanting the follicles,

POSSIBLE SIDE EFECTS AND COMPLICATIONS

In the overwhelming majority of hair NeoGraft hair transplantation procedures, there are no complications. However, several side effects, risks, and complications can occasionally occur including the following:

Possible Hair Transplant Complications:

Nausea and vomiting from pain medication

- Bleeding
- Infection
- Reaction to medications
- Occasional small, ingrown hairs which can cause a cyst
- Scarring of the donor and recipient area
- Fainting or syncope episode
- Excessive swelling
- Temporary headache
- Temporary numbness of the scalp
- Scarring around the grafts
- Poor growth of grafts
- Bruising
- Itching
- Shedding of existing hair (which typically grows back after about 3 months)
- 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.)

Possible **Rare** Hair Transplant Complications (partial listing only):

- Keloid formation
- Irregular or delayed growth of transplanted hairs
- Complete failure of growth of transplanted hairs
- Persistent scalp pain
- Total loss of donor hair
- Permanent numbness of the scalp
- Loss of transplanted hair
- Epidermoid cysts
- Elevation of depression of grafts

Possible **Rare Hair Anesthesia** Complications:

- Infection
- Drug reaction
- Weakness, persistent numbness, nerve injury, residual pain, convulsions, loss of limb function, paralysis
- Bleeding, blood clots, injury to blood vessels, stroke, brain damage, heart attack, or death
- There is also the possibility that other effects or complications not presently known, recognized, or understood may develop now or in the future.

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PRP

Platelet rich plasma (PRP) injections use your own platelet-concentrated blood drawn prior to the procedure. For a fee, patients can add PRP to their hair restoration procedure to further stimulate healing and strengthen hair follicles. Not all patients see an improvement when adding PRP to a hair transplant. Patients with current infections, skin diseases such as lupus or porphyria, recent or current cancer or chemotherapy treatments, severe metabolic or systemic disorders, chronic liver disease, platelet and blood disorders, anti-coagulation therapy, current use of corticosteroids, or steroid injections in their scalp in the previous 2 months may be disqualified from PRP injections.

ACKNOWLEDGEMENTS

Please read the following statements carefully and initial below.

- I understand that good results from my hair transplantation surgery are expected, but the practice of medicine and surgery are not exact sciences. I am aware that favorable results will depend, in part, upon my completing the necessary number of operations recommended by the physician and upon my closely following all instructions. These instructions include but are not limited to pre-operative/post-operative activities and precautions, which have been explained to me. I have also received a written copy of these instructions, have had the opportunity to ask any questions about my procedure and care, and agree to follow all directives.
- Please carefully read the
- I have disclosed all information regarding past and present medical conditions, current medications, and known drug allergies. I understand that this information is necessary for proper medical treatment before, during, and after my hair transplantation procedure.
- I understand that because of the medicines that I will be given on the day of surgery, I will not be able to drive a car or operate dangerous machinery for the remainder of the day.
- I understand that the quality and amount of pre-existing hair are major factors in the ultimate result. I understand that I will not have hair of the same thickness/density as I had prior to the onset of my hair loss and that I will not obtain a full head of hair from the procedure. I also understand that the visibility of the donor and receptor sites following a transplant surgery can last for several days.
- Although every effort will be made to give the maximum yield from your hair transplantation procedure, it is possible that some or all the transplanted hair may fail to grow.
- I understand that the amount and location of future hair loss on the scalp, including the sides and back area, cannot be predicted. I also understand it is possible to lose my existing hair at any point in the future and that this may affect the appearance of the grafted hair area.
- Hair transplants may not be permanent. Although they typically are very long lasting, in rare cases, grafted hair has fallen out in one to ten years. I understand that more grafting sessions may be needed as balding progresses in years to come. Since future hair loss is likely, it is important not to extract all of the limited donor supply before the patient's final hair loss pattern is established.
- I acknowledge I am responsible for payment of all services rendered with no fee reimbursement regardless of procedure results. I understand that the fee paid is for the procedure and not the expected result.
- I have disclosed to the physician if I have received transplants or scalp reductions from another physician prior to my hair transplantation surgery. I further acknowledge that neither the physician nor any other NuBody Concepts employee bears responsibility for my present condition.
- The number of grafts recommended by the practice and communicated to me is agreeable to me. I understand that more procedures may be recommended later due to ongoing loss of my non-transplanted hair. I understand where my grafts are to be placed and have agreed to this placement. If I agree to more grafts on the day of my procedure there will be additional fees before the procedure begins.
- I understand that all recommendations made during my consultation and treatment are estimates and may change. If the physician/technician or I feel an additional procedure is necessary, I understand that I will be responsible for any additional fees.

I acknowledge that I have read and understand the above statements regarding my procedure. *

TOBACCO USE

Smoking may have a negative effect on your hair restoration procedure by causing excessive bleeding, which may require the technician to shave your head completely to be able to transplant the grafts effectively. Smoking also can exacerbate the negative effects of anesthesia.

NuBody Concepts COSMETIC SURGERY & MED SPA | NASHVILLE HAIR DOCTOR

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Please select your current status regarding tobacco use: *

- ○ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.
- ○ I am a smoker or use tobacco/nicotine products. I understand the risk of complications due to smoking or the use of nicotine products. I have been advised to cease all forms of tobacco and nicotine products.
- ○ I have smoked and stopped as indicated below. I understand I may still have the effects and therefore risks from smoking in my system.

If you have smoked and stopped, how long ago did you stop? *

CONSENT

I hereby consent to have the NeoGraft Follucilar Unit Extraction procedure performed by the practice and such hair transplant technicians as shall be selected for the treatment, and any other medical staff which may become medically reasonable and necessary to assist during the procedure. This may also include the administration of anesthetics and/or sedatives necessary to perform a hair transplantation procedure.

I have read the above information carefully, understand the procedure's risks and alternative treatments, and have had all my questions answered.

Patient Signature 07/30/2026 *