

## Important Information - Please Read Carefully Before Requesting Records

MPM Aesthetic Medicals does NOT provide medical treatments but specializes in cosmetic/aesthetic procedures. These treatments are OPTIONAL, and clients choose to undergo them at their own discretion. The option to 'Do Nothing' is always proposed on each treatment consultation. Users of services of MPM Aesthetic Medicals agree to Terms & conditions, Privacy Policy receive a consultation and sign a consent form before every procedure.

### Key Terms for Requesting Treatment Records:

1. **Client Rights:** All clients have the right to request their treatment records.
2. **Proof of Payment:** Proof of full invoice payment must be submitted with the request form attached to the email.
3. **Treatment vs. Records Fees:** Treatment fees do not cover record requests; a separate fee applies. (treatment fee covers products used for procedure and service).
4. **Record Request Fees:** Each procedure is considered separately; separate forms and fees apply. (Each procedure has separate consent form and consultation).
5. **Multiple Procedures:** Each treatment procedure has its own consent form and is considered a separate record. Should be requested separately.

Example: If you had **dermal fillers, toxins, and laser treatments** over the past six years, and you wish to request **toxin and dermal filler records**:

- 5.1. Ensure all outstanding invoices with MPM Aesthetic Medicals are cleared.
- 5.2. Complete **two separate request forms** — one for toxins and another for dermal fillers.
- 5.3. Pay the applicable fee for each request.
6. **Secure Email Requirement:** Provide a secure email with sufficient storage for receiving records. (You will receive multiple images – need sufficient storage space).
7. **Security Disclaimer:** MPM Aesthetic Medicals is not responsible for security of released records.
8. **Data Privacy Caution:** Records are stored offline for security purposes. Once released, handling and protection of your records are your responsibility.
9. **Submission of Request:** Submit the completed and signed form with payment proof attached to [admin@aestheticmedicals.com](mailto:admin@aestheticmedicals.com)
10. **Representatives:** If you appoint a representative, they must sign the form before submission.

### Processing Time & Verification

- Requested records will be provided within **30 working days** if all requirements are met.
- To ensure data security, our admin team may send a **test email with security questions** to confirm the correct recipient.

Your cooperation for a safe process is appreciated.

## Treatment Record Request Form – Please fill all sections of this form

1. **Full Name:** .....
2. **Date of Birth (DD/MM/YYYY):** .....
3. **Postal Address:** .....
4. **Phone Number:** .....
5. **Email Address:** .....

6. **Treatment Procedure Name:** .....  
*(Each consent form corresponds to one treatment procedure.)*

7. **Date of Treatment Procedure(s):** .....  
*(Unless specified, records for all sessions under the requested procedure will be provided.)*

8. **Outstanding Balance Confirmation:**  
I confirm that I have no outstanding invoices payable to MPM Aesthetic Medicals / MPM Medicals UK Ltd. *(If got outstanding balance, please clear and attach proof of payment.)*

**Signature:** .....

9. **Security Release Acknowledgment:**  
I release MPM Medicals UK Ltd T/A MPM Aesthetic Medicals from any responsibility regarding security breaches of records released to me.

**Signature:** .....

### 10. Appointing a Representative (If Applicable)

10.1. **Representative Name:** .....

10.2. **Representative Organization:** .....

10.3. **Representative Email Address:** .....

10.4. **Representative Phone Number:** .....

10.5. **Representative Postal Address:** .....

11. **Records Delivery Email Address:** .....  
*(We confirm this email is secure and has sufficient capacity to receive the requested records.)*

12. **Consent to release records**  
I fully authorize the release of my treatment records including images to the representative above.

**Client Signature:** ..... **Date:** .....

I, ..... (Representative), on behalf of ..... (Organization),

take full responsibility for the security of the received records that may contain images.

**Representative Signature:** ..... **Date:** .....

### Checklist for Requesting Treatment Records from MPM Aesthetic Medicals

#### ✓ General Acknowledgment

- I understand that MPM Aesthetic Medicals provides cosmetic/aesthetic procedures, not medical treatments.
- I acknowledge that treatment fees do not include record request fees.

#### ✓ Client Rights & Requirements

- I have the right to request my treatment records.
- I have attached proof of full invoice payment with my request
- I understand that each procedure is considered a separate record and requires a separate request form and fee.

#### ✓ Multiple Procedures (If Applicable)

- I have cleared all outstanding invoices with MPM Aesthetic Medicals.
- I have completed separate request forms for each procedure (e.g., toxins and dermal fillers).
- I have paid the applicable fee for each separate request.

#### ✓ Security & Privacy

- I have provided a secure email with sufficient storage for receiving records.
- I understand that MPM Aesthetic Medicals is not responsible for the security of released records.
- I acknowledge that once records are released, their protection is my responsibility.

#### ✓ Submission of Request

- I have completed and signed the request form.
- I have attached proof of payment to my submission email.
- I have submitted my request to **admin@aestheticmedicals.com**.

#### ✓ If Appointing a Representative

- My representative has signed the form before submission.
- I have provided my representative's full details (name, organization, email, phone, postal address).
- I have signed the consent section authorizing the release of my records to my representative.

#### ✓ Processing & Verification

- I understand that records will be provided within **30 working days** if all requirements are met.
- I am aware that a test email with security questions may be sent for verification.

#### ✓ Payment Confirmation

- I have paid the **£40 per procedure record request fee**.
- I have used the correct payment reference format: **First 3 letters of first name + Date of Birth (DDMMYY)**
- Payment was made to:

- **Account Name:** MPM Medicals UK Ltd
- **Sort Code:** 40-43-28
- **Account Number:** 0184746465

Agreed completed and signed below.

.....  
**Client signature**

.....  
**Representative signature**