

TRILIFT™ CONSENT FORM

The following Informed Consent Form for triLift™ treatments is intended as a sample only. Lumenis takes no liability on that document and encourages modification to fit individual needs and practice and to meet local regulatory requirements.

Please read and initial each statement. Complete, underline or circle individual selection accordingly.

- | | <u>Initials</u> |
|---|-----------------|
| <ul style="list-style-type: none"> • I, , hereby certify that I am above 18 yrs old and authorize (Physician/ Therapist/ Practitioner) to perform Lift Mode TriPollar® RF Energy with DMSt™ muscle conditioning / triFX™ RF-assisted micro needling / triLift™ synergistic procedures on me, in an effort to improve my facial skin / muscle tone / mild-to-moderate facial wrinkles and rhytides / Other: | _____ |
| <ul style="list-style-type: none"> • I understand that there is a rare possibility of adverse effects including discomfort, excessive skin redness, excessive swelling, damage to the natural skin texture (in the form of blisters or burns), fragile skin, change of pigmentation, bruising, scarring or transient skin breakouts such as acne or milia. In the event of any such adverse reaction, although expected to be transient, I understand that I need to report it to my healthcare provider above and I am aware that careful adherence to all advised instructions will help reduce such a possibility. | _____ |
| <ul style="list-style-type: none"> • I understand the below list of short-term effects and agree to follow matching guidelines: <ul style="list-style-type: none"> ▪ <i>Discrete micro scabs post triFX™ micro needling</i> - will usually form within 24 hours to 3 days post treatment and last for a few days during which natural and gradual flaking occurs. During this phase, it is important not to manipulate or scratch the skin which may otherwise lead to scarring. ▪ <i>Mild itchiness and/or sensation of dry skin post triFX™ micro needling</i> – may be relieved with cold air or thermal spring water sprays within the first 24 hours. I may apply soothing creams or serums as of 1 day post treatment but not earlier. ▪ <i>Slight warmth and/or cramp-like feeling post Lift Mode</i> – may occur in some localized areas. Dissipates spontaneously and may be relieved with cold (but not iced) packs. | _____ |
| <ul style="list-style-type: none"> • I understand that sun exposure or tanning of any sort is not aligned with the pre- and especially post-care instructions and may increase the chance for complications. As long as side effects are present (redness, micro scabs, etc.), I need to stay off the sun. The application of sun blocks SPF+30 several times a day is possible but only after 24 hours if triFX™ micro needling was part of the treatment protocol, else may be applied immediately post any other triLift™ procedure. | _____ |
| <ul style="list-style-type: none"> • The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered. | _____ |
| <ul style="list-style-type: none"> • Pre- and post-care instructions have been discussed and are completely clear to me. | _____ |
| <ul style="list-style-type: none"> • I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required. | _____ |
| <ul style="list-style-type: none"> • I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record. | _____ |
| <ul style="list-style-type: none"> • I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity. | _____ |
| <ul style="list-style-type: none"> • I agree to review the following pre-treatment compliance checklist along with my Physician/ Therapist/ Practitioner and bring accurate and updated data, to the best of my knowledge. | _____ |

