

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.

- 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: ______
- 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.
- I understand the below list of short-term effects and agree to follow matching guidelines:
 - Discrete micro scabs post triFX[™] micro needling 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.
 - Mild itchiness and/or sensation of dry skin post triFX[™] micro needling 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.
 - Slight warmth and/or cramp-like feeling post Lift Mode may occur in some localized areas. Dissipates spontaneously and may be relieved with cold (but not iced) packs.
- 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.
- The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered.
- Pre- and post-care instructions have been discussed and are completely clear to me.
- 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.
- 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.
- I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity.
- 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.

Initials

<u>Notes</u>

			-	
Pacemaker, defibrillator, or any implanted electronic device	NO	YES		
Metal implants in the treatment area	NO	YES		
Pregnant or possibility of pregnancy, postpartum or nursing	NO	YES	.	
Severe concurrent illness or condition such as cancer, lupus, uncontrolled diabetes, uncontrolled seizure disorders	NO	YES		
Concurrent or chronic skin disorders or lesions in the treatment area	NO	YES		
Severe bleeding or vascular disorders	NO	YES	· ·	
Cannot feel heat because of nerve damage for ex.	NO	YES		
Heal poorly and have a medical history of keloid scars	NO	YES	· ·	
Injected chemical substance, threads, and synthetic fillers in the area to be treated	NO	YES		
Fillers, collagen, fat injections or other injected bio-material in the treatment area within the past three months	NO	YES		
Botulinum Toxin within the past 2 weeks	NO	YES		
Impaired immune system, immunosuppressive diseases or use of immunosuppressive medications	NO	YES		
Active skin or muscle inflammation, incomplete healing in treatment area post other procedures such as surgery, laser treatments, chemical peels, etc.	NO	YES		
Any YES in the above table constitutes either a permanent contra-indication or treatment.	require	s postponing the	· ·	
History of active cold sores or herpes simplex virus (prophylaxis required)	NO	YES		
Excessively tanned skin from sun, tanning bed or spray tans	NO	YES Last exposure:		
Use of non-steroidal anti-inflammatory drugs within one week prior to treatment	NO	YES		
Suspected or diagnosed heart problems	NO	YES		
Suspected or diagnosed epilepsy	NO	YES		
Any known allergy?	NO	YES Specify:	•	
List of additional current medication/ supplements taken:				
Any YES in the above table will be handled as per Physician/ Therapist/ Practitioner's discretion who will decide as to the treatment compliance. Performing a procedure will require extra caution.				

My signature certifies that I have duly read and understood the content of this informed consent form and gave the accurate information as to my health condition. I hereby freely consent to **triLift**[™] procedures.

Name of patient (please print)

Signature of patient

Date

Name of witness (please print)

Signature of witness

Date

(1 copy Patient and 1 copy Physician/ Therapist/ Practitioner for Medical Record) CD-xxx_A

Page **2 / 2**