



PATIENT CONSENT FORM FOR TRUSCULPT PROCEDURE

I hereby authorize Dr. _____ or _____, under Dr. _____ supervision to treat me with the truSculpt device. I understand that this procedure works by using radio frequency (RF) energy to provide uniform deep tissue heating for the purpose of elevating tissue temperature for the treatment of selective medical conditions. There is a little or no downtime associated with this treatment. It is possible the result will be minimal or not help at all.

The procedure may result in the following adverse experiences or risks:

- DISCOMFORT AND PAIN – Moderate discomfort or pain during treatment is expected. Mild discomfort or tenderness in the treated area may persist for a few hours following treatment, extending rarely from 24 to 72 hours.
- REDNESS/SWELLING/BRUISING – Short term redness (hyperemia) is expected following treatment and typically persists for several hours. In addition, swelling (edema) and/or bruising of the treated area may occur and typically resolve within 24 hours.
- WOUNDS – Treatment can result in burning, blistering, crusting, scabbing or bleeding of the treated areas. If any of these occur, please call the office (949) 916-7166.
- INFECTION – Infection is a rare possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of an infection develop, such as pain, heat or surrounding redness. It is IMPORANT that your follow all post-treatment instructions provided by your healthcare staff.
- SCARRING – Scarring is a rare occurrence, but it is possibility if the skin’s surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- PIGMENTED CHANGES (Skin Color) – If the skin surface is disrupted, there is a possibility that the treated area can become either lighter (hypo-pigmentation) or darker (hyper-pigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- NUMBNESS – Temporary numbness may occur, but is rare.
- LUMPS – Firm endemic areas may infrequently develop in the treated area 24 to 72 hours following treatment, and typically resolve without intervention over several weeks.

I acknowledge the following points have been discussed with me:

- Potential benefits for the proposed procedure, including the possibility that the procedure may not work for me.
- Alternative treatments such as sclerotherapy or surgery.
- Reasonably anticipate health consequences if the procedure is not performed.
- Possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree the staff informed should I become pregnant in the course of treatment.

Photographic documentations will be taken.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTANT THE CONTENTS OF THIS PERMISSION FORM FOR TREATMENT FOR VASCULAR LESIONS AND THAT DISCLOSURES REFFERD TO HEREIN WERE MADE TO ME.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date