

HIFUDERM - TREATMENT INFORMED CONSENT



Client/Patient consent to treatment:

My signature acknowledges that, I have read the following and agree to receive the treatments or series of treatments listed below. I, _____, consent to and authorize _____ doctor, nurses or aesthetic specialist _____, to perform high intense focus ultrasound treatment (hifu), with any Hifu device. Areas to be treated: _____

- ❖ The nature and purpose of the treatment has been **explained to me**, and any questions I have regarding this procedure have been explained to my satisfaction. _____(initial)
- ❖ I have been advised of Prior treatment care, among them:
 - Stop using topical products containing retinol, RetinA, glycolic acid or salicylic acid.
 - Blood thinner, consideration with my own provider.
 - Cold Sores or Herpes, area pre-treatment
- ❖ I have been advised of the Hifu treatment contraindications (health or physical conditions that prevent or prohibit the intense focus ultrasound) I have read one by one, and I have clearly and freely expressed that **I am in good health and do not have any contraindication.** _____ (Initial)
- ❖ I have been advised to communicate immediately to the _____ SPA or members of his / her staff if after starting the treatment my **health conditions change**, to stop or modify treatment. _____ (Initial)
- ❖ I have been advised to **avoid sun exposure** or tanning and to protect my skin with sun block, during and between treatment. _____(Initial)
- ❖ I have provided my past and current **medical history** and medications. _____(Initial)
- ❖ I understand that with any treatment **certain risks** are involved and that any complications or side effects from known or unknown causes may occur. I freely assume these risks. _____(initial)
 - Bruising, swelling and tenderness can occur in the treated area. Bruising may not be evident for several days following the treatment and often is greenish in color by the time it becomes visible. Most common areas for bruising are along the jawline and cheekbone.
 - Even without bruising, tenderness to the touch is expected. This is usually most evident along the jawline and cheekbone and most often noted when touching your face, washing, or applying makeup. This will not interfere with eating, talking, or moving your facial muscles.
 - Irritation of peripheral sensory or motor nerves is uncommon but can happen. This can result in temporary patches of decreased sensation or some weakness of facial muscles (usually the muscle which pulls the corner of the mouth downward). When this occurs, it is always temporary and usually resolves within three weeks.
- ❖ I consent to the taking of **photographs** during the course of my Hifu treatment. _____(Initial) (only if agreed)
- ❖ I am over **18 years** of age and I have freely decided to contract this treatment. _____(Initial)*
- ❖ (Female only) I **am not pregnant, trying to become pregnant or breastfeeding.** _____(Initial)
- ❖ I have **read and understood** all information present to me before signing this consent form. _____(Initial)

First Session Date: _____ Signature: _____ Clinician : _____

Second Session Date: _____ Signature: _____ Clinician : _____

Follow Treatment Date: _____ Signature: _____ Clinician : _____

Follow Treatment Date: _____ Signature: _____ Clinician : _____