DŌCERĒ

MEDICAL SPA & LASER CENTER

CONSENT FORM

Ultherapy®

IN CONSIDERING AN ULTHERAPY TREATMENT WITH THE ULTHERA SYSTEM, PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND DISCUSS ANY QUESTIONS YOU MAY HAVE WITH YOUR CLINICIAN. THE ULTHERA SYSTEM DELIVERS A LOW AMOUNT OF FOCUSED ULTRASOUND ENERGY TO THIS SKIN. THE HEAT FROM THE ULTRASOUND STIMULATES NEW COLLAGEN TO FORM.

INITIAL _____

I UNDERSTAND THAT THERE CAN BE DISCOMFORT DURING THE TREATMENT WHEN THE ULTRASOUND IS BEING DELIVERED. I HAVE DISCUSSED WITH MY PRACTITIONER THE OPTIONS AVAILABLE TO ME TO OPTIMIZE MY COMFORT DURING THE PROCEDURE.

INITIAL _____

IMMEDIATELY FOLLOWING ULTHERAPY, THE SKIN MAY APPEAR RED FOR A FEW HOURS. IT IS NOT UNCOMMON TO EXPERIENCE SLIGHT SWELLING FOR A FEW DAYS FOLLOWING TO PROCEDURE. THESE ARE MILD AND TEMPORARY IN NATURE. OCCASIONAL TEMPORARY EFFECTS MAY INCLUDE: BRUISING OR WELTS, WHICH RESOLVE IN HOURS OR DAYS, OR NUMBNESS IN THE SELECT AREA. WHICH ALSO RESOLVES IN DAYS TO WEEKS.

INITIAL _____

AS WITH ANY MEDICAL PROCEDURE, THERE ARE POSSIBLE RISKS ASSOCIATED WITH THE TREATMENT. THERE IS A REMOTE RISK OF A BURN THAT MAY OR MAY NOT LEAD TO SCARRING (EITHER OF WHICH WILL RESPOND TO MEDICAL CARE), OR TEMPORARY NERVE INFLAMMATION, WHICH WILL RESOLVE IN A MATTER OF DAYS TO WEEKS. TEMPORARY LOCAL MUSCLE WEAKNESS MAY RESULT AFTER TREATMENT DUE TO INFLAMMATION OF A MOTOR NERVE. TEMPORARY MUSCLE NUMBNESS MAY RESULT AFTER TREATMENT DUE TO INFLAMMATION OF THE SENSORY NERVE.

INITIAL _____

IT HAS BEEN EXPLAINED TO ME THAT THE RESULTS VARY FROM PATIENT TO PATIENT AND OCCASIONALLY, THE COLLAGEN BUILDING INSIDE THAT HELPS COUNTER THE EFFECTS OF GRAVITY DOES NOT HAVE A VISIBLE EFFECT ON THE OUTSIDE. I UNDERSTAND THAT RESULTS WILL UNFOLD OVER THE COURSE OF 3 TO 6 MONTHS AND THAT SOME PATIENTS MAY BENEFIT FROM MORE THAN ONE TREATMENT. I ALSO UNDERSTAND THAT A NON-INVASIVE ULTHERAPY TREATMENT IS NOT INTENDED TO PRODUCE THE SAME RESULTS AS AN INVASIVE SURGICAL PROCEDURE.

INITIAL _____

I UNDERSTAND THAT THERE ARE NO GUARANTEES THAT CAN BE MADE AS TO THE RESULTS OF THE PROCEDURE AND THERE IS A LOW RISK THAT I MAY NOT SEE RESULTS AT ALL.

INITIAL _____

I HAVE HAD THE ULTHERAPY PROCEDURE EXPLAINED TO ME, I UNDERSTAND THE RISKS ASSOCIATED WITH THE PROCEDURE AND HAVE DISCUSSED ALTERNATIVE TREATMENTS THAT ARE AVAILABLE.

INITIAL _____

PATIENT SIGNATURE..... **DATE**.....

PRINT NAME.....