

JETT PLASMA CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

TREATED AREA Eye Upper Lesions, scars, wrinkles	_	Eye Lower Other]] F	Please specify
ABOUT JETT PLASMA LIFT MEDICAL				
JETT PLASMA LIFT MEDICAL uses electrical plasma technology. It creates specific mechanisms in biological tissues. This effect of plasma can provide very effective tightening, contraction and improvement in the treated skin tissue, as well as the removal of lesions. The device can be used only by a medical professional, and can be used for treatment of the following indications:				
Shallow and deep wrinkles	S			Small haemangioma
• Acne scars				Small protuberances
ScarsPigmented spots (doctor c	clearance requir	red prior)		 Periorbital - upper and lower eye area Perioral - lip lines
ANAESETHETIC REQUI	•	1 /		• Perioral - IIp lines
For eye and lip treatments the physician may choose to inject a local anesthetic for comfort. Because the Jett Plasma uses heat, it can be uncomfortable in some areas. For body treatments, scars, lesions and wrinkles, a topical anaesthetic is usually sufficient.				
PLEASE CONFIRM THAT YOU DO NOT HAVE ANY OF THE FOLLOWING				
Pacemaker Epilepsy Metal objects in treatment area				
Oncological diseases	Allergy to an	naesthetics [] Pregna	ncy
WHAT DOWNTIME IS ASSOCIATED WITH THE JETT PLASMA TREATMENT?				
 There is an element of down Lesions, moles, skin tags: cr Blephs, eye area: 2 - 3 days Crusting: 3 - 5 days Redness: 7 - 14 days (for s 	rusting for 3 - 4 s swelling, redne	days and redress and sorene	ness for 7 ess	
can be applied to cover any redness.				
ARE THERE ANY SIDE EFFECTS WITH THE JETT PLASMA TREATMENT?				
Some risks are possible with any treatment that disturbs skin integrity (eg Laser, IPL, needling etc) and these can include, but a not limited to the following:				
 Infection 				 Asymmetry (left side not equal to right)
Scarring and possible distortion	ortion of the ey	elid		Ectropion or entropion (out or inward eyelashes)
Persistent redness Changes in plain salaum (light)	lot on doubless)			Failure and need to repeat procedure (incl. extra cost)
Changes in skin colour (light or darker).Eye irritation (dry, watery, damage)			• Exacerbation of psychiatric and or psychological conditions	
CONSENT FOR JETT PL	0 /	TMENIT		Risk of interruption to work, travel and social schedules
•			dure has	peen explained in detail, along with expected results, aftercare,
and future treatment require				
PATIENT SIGNATURE:				Date:
WITNESS SIGNATURE:			Date:	
I cannot dispute what I have read, agreed to and signed above . If I do then I agree to pay all costs incurred by ACM if I breach this agreement.				
I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.				
I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records. (please initial)				