



ABSOLUTE
COSMETIC MEDICINE

ULTRAFORMER AND THERMAGE CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

IT IS IMPORTANT THAT YOU READ THE MATERIAL PROVIDED AND UNDERSTAND THE EXPECTED OUTCOMES AND POSSIBLE RISKS OF THE TREATMENT. PLEASE ENSURE THAT YOU ASK ANY QUESTIONS YOU MIGHT HAVE.

THIS CONSENT FORM MUST BE SIGNED FOR TREATMENT TO PROCEED.

ABOUT ULTRAFORMER AND THERMAGE

These treatments promote non-surgical face lifting and skin tightening to a number of problem areas, including the difficult-to-treat submental zone (i.e. the area under the chin). It can also be used for skin tightening on small problem areas of the body and limbs. During treatment, low amounts of energy are delivered into precise skin depths, without damaging the surface of the skin. The energy creates heat which stimulates tissue remodelling. The result, over time, is a natural skin lifting, tightening and rejuvenation, although slowing of aging may be the only result gained.

WHAT TO EXPECT DURING AND AFTER YOUR TREATMENT

- You can expect to experience some discomfort as the ultrasound energy is delivered. Your practitioner will agree on a plan to optimise your comfort during the procedure.
- The treatment is efficient. For example, a treatment for the full face and neck will last approximately 20-60 minutes.

POSSIBLE SIDE EFFECTS FROM TREATMENT

- Your skin may appear red for a few hours after treatment.
- You may experience slight swelling, tingling or tenderness for a few days after treatment. Rarely, some patients may experience temporary bruising welts or numbness.
- There is a slight risk of a burn to the skin, which may or may not lead to scarring. Both burns and any scarring may respond to medical treatment.
- Temporary nerve inflammation will resolve in a few days or weeks.
- If a motor nerve has become inflamed, you might experience some temporary local muscle weakness. There could be some temporary numbness if a sensory nerve has become inflamed.

PATIENT'S DECLARATION

I have read and understood all the information provided and I have had the opportunity to ask any questions concerning the nature of the treatment, its expected results, and its possible risks and complications.

It has been explained to me that the results of these treatments can vary from patient to patient. I am aware that occasionally the collagen that builds in the deep layers of the skin, providing support for the skin structure and helping to counter the effects of gravity, might not have a visible effect on the surface of the skin. I also understand that the results will be seen gradually over a period of 3-6 months, and that some patients will benefit from more than 1 treatment.

I understand that the treatment is a non-invasive treatment. It is not designed to produce the same results as an invasive surgical procedure.

Patient's signature: _____

Patient's name: _____ Date: _____

Witness: _____

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) _____

ULTRAFORMER AND THERMAGE CONSENT