**IADVL- Academy**

**SIG (Special Interest Group) Laser and Aesthetics 2018- 2019**

**Consent form for high frequency ultrasound**

(Please acknowledge the source when using this consent form)

Name: Mrs./ Mr. / Ms. …………………………………………………………………………………………………………………..

Address: …………………………………………………………………………………………………………………………………

Hospital ID: ……………………. Phone Number: ……………………………………………………………………………………

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, here by authorize Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or his trained assistant to operate on myself or on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my \_\_\_\_\_\_\_\_\_\_\_\_\_(relation) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The purpose of this procedure is to tighten sagging skin in the areas indicated above. The procedure requires more than one treatment and may produce some reduction in the appearance of sagging skin and/or wrinkles.

The total number of treatments and clinical results may vary between individuals.

Most patients require a number of treatments over several months with gradual results occurring over this time. On occasion there are patients that do not respond to treatments and so the outcome cannot be guaranteed.

I was also informed about the other alternative methods as well as their benefits and disadvantages. I understand that for ideal results, this procedure can be combined with radiofrequency, surgical options, etc.

I am aware of the following:

1. The **complications** Short-term effects may include reddening, mild swelling, mild burning and temporary bruising. These conditions usually resolve within 1-3 months. Rarely temporary numbness of the treated skin may be seen after treatment and will resolve with time (generally days to weeks). Infection: Although infection following treatment is unusual; bacterial, fungal and viral infections can occur. Should any type of skin infection occur, additional treatments might be necessary.
2. The potential benefits of the proposed procedure and possible **alternate procedures**.
3. This particular procedure may be unsuccessful due to unforeseen circumstances and **no guarantee** can be made for the successful outcomes of these procedures.
4. The need of regularity of treatments, **multiple sessions** or touch-ups and maintenance treatments in the future.
5. The need of proper **pre- and post- treatment care**. (The instructions given by the doctor should be strictly adhered to. Improper care of the area can increase the chance of scarring, skin textural changes, or pigment changes).
6. The **cost of treatment** per sitting and the payment schedule. (I will be responsible for reimbursing the cost of the procedure as many of the procedures may not covered by insurance companies or companies).
7. The sensation of the procedure and option of using **anaesthesia**. (If I or the doctor elects a form of anaesthesia, I give consent for the same.)

I consent to the **taking of the photographs** during the course of my procedure for the purpose of proper documentation, publications, presentations and post-operative assessment. I give consent for that.

For the **women of childbearing age**: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep the doctors informed should I become pregnant during the course of the treatment.

I will inform the doctor of all current **medications** and change in the medications during the course of treatment.

I am giving consent that if anything goes wrong during the procedure, I may be given any **emergency treatment** best suited to me, without asking for my prior permission.

I further state that, I have carefully read and understood all the information provided in this form and with a fully conscious mind, I hereby give my written consent for the said procedure along with its involved risks. **The procedure, the side effects and the risks involved have been explained to me in my native language.**

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Signature of the patient/ thumb impression Signature of the Guardian (For Minors)

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Name and relationship with the Guardian Date

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Witness 1 Witness 2