



INFORMED CONSENT SUBLATIVE E-MATRIX RF

Patient name: _____

Treatment sites: _____

I duly authorize, _____ to perform E-Matrix RF treatment on me.

I understand that the E-Matrix RF device used for dermatologic procedures requiring ablation of soft tissue and skin resurfacing, of which I am consenting to be a patient receiving treatment.

I understand that the clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post care instructions, and individual response to treatment.

I understand that there is a possibility of short term affects such as reddening, swelling, scab formation, temporary discoloration of the skin, as well as the possibility of rare side affects such as burn, scarring, and permanent discoloration.

These affects have been fully explained to me _____ (Patient's Initials)

I understand that treatment with this machine involves a series of treatments, and the fee structure has been explained to me _____ (Patients Initials)

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed us based on my expressed desire to do so.

I confirm that I have informed the staff regarding my current or past medical condition, disease or medication taken, as well as past and planned exposure to sun, sun beds, and tanning creams.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education, and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Signature of Patient _____ Date _____

Signature of Practitioner _____ Date _____