

# Ultherapy Consent Form

Please read and initial each line indicating that you have read and understand each statement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I consent to the Ultherapy treatment using the HIFU (High Intensity Focused Ultrasound) machine.

\_\_\_\_\_ I am not currently taking blood thinners, or if I am taking blood thinners, I have checked with my prescribing physician and he/she has given permission for me to have this procedure knowing the risks associated with the procedure.

\_\_\_\_\_ Ultherapy is a non-surgical treatment that uses ultrasound technology to lift and tighten skin.

\_\_\_\_\_ I understand that results vary from person to person and occasionally, the collagen building on the inside that helps counter the effects of gravity does not have a visible effect on the outside.

\_\_\_\_\_ I understand that, following the procedure, the results will unfold over a period of 60-90 days and beyond, and that some people may benefit from more than one treatment.

\_\_\_\_\_ I understand that Ultherapy is a non-invasive treatment and is not intended to produce the same exact results as an invasive surgical procedure.

\_\_\_\_\_ I understand that no guarantees can be made as to the results of this procedure and there is a low risk that I may not see results at all.

\_\_\_\_\_ I understand there can be discomfort during the treatment when the ultrasound is being delivered. I have discussed options to optimize comfort during the procedure.

\_\_\_\_\_ I understand that immediately following the Ultherapy procedure, the skin may appear red for a few hours, and that it is not uncommon to experience slight swelling for a few days following treatment.

\_\_\_\_\_ I understand that it is not uncommon to experience a tingling or tenderness to the touch for days to weeks following the procedure, but these are usually mild and temporary in nature.

\_\_\_\_\_ Occasional temporary effects may include bruising or welts, which usually resolve in hours to days, or numbness in a select area, which usually resolves in days to weeks.

\_\_\_\_\_ I understand that as with any medical or cosmetic procedure, there are possible risks associated with this treatment, and even if there is a low risk, these risks may include: risk of a burn that may or may not lead to scarring, temporary nerve inflammation, temporary local muscle weakness due to inflammation of nerves, and temporary numbness due to inflammation of a sensory nerve.

\_\_\_\_\_ I understand that if I have had dermal filler within the past 3 months or neurotoxin, (Botox, Dysport), within the past 2 weeks, it is possible the heat from Ultherapy can break down and diminish the effectiveness of the dermal filler or neurotoxin.

\_\_\_\_\_ I understand that following my Ultherapy treatment, it is best to avoid dermal filler injections for 2 months and neurotoxins for 2 weeks.

\_\_\_\_\_ If I have been provided or taken a controlled substance for pain management, I agree that I will not operate a motor vehicle following treatment for the remainder of the day.

\_\_\_\_\_ 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.

\_\_\_\_\_ I have been given the opportunity to ask questions about the procedure and my questions have been answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

