

REACTION™

Contouring and Cellulite Reduction Treatment Care

Before Treatments

- Ensure that there is at least an hour between your last meal and your abdomen treatment.
- Drink about 1.5 liters of water before each treatment session.
- Stay hydrated (drinking at least 1 liter of water daily) during your entire course of treatment.
- If you exercise regularly, Reaction™ treatments should be performed before the physical activity.

After Treatments

- If you have excessive heat sensation that causes a lot of discomfort, you can cool the area with chilled Aloe Vera gel.

Setting Expectations

- Adherence to a healthy lifestyle (diet and exercise) is strongly recommended and may help to obtain better results.
- Maintenance sessions may be required (one maintenance session every 3-6 months).
- Response to the Reaction™ treatment, and the number of treatment sessions required will vary among patients and will depend on the clinical and physiological condition at the start of the treatment regimen.
- Weight gain or dramatic weight loss may have a negative effect on the results.

MK-103



For more information about Viora, visit www.vioramed.com



Breast-feeding in the past 3 months

Additional Contraindications when treating with ST application:

- Any synthetic filler procedures (i.e. silicon) in the treatment area
- Botox injections in the past 5-7 days
- Chemical peel or natural fillers in the past 2 weeks
- Deep chemical peel / laser peel in the past 6 months

I _____ duly authorize _____ and other specially trained associate technicians of this facility, to perform treatments using the Reaction™ system.

Possible risks and side effects of the treatment may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the glycerin oil or acoustic contact gel, bruise, blister, burn, hyper- and hypo-pigmentation. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consult may be necessary.

I am hereby undertaking the responsibility of the treatment outcome. I hereby commit to inform my practitioner about any change in my medical and health condition.

My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by this facility.

Can photographs for follow up and case studies be taken for Practitioner/Manufacturer use? No identifiable features will be revealed. Yes (___) No (___)

Please read and initial the following:

___ I understand that the Reaction treatment is not an exact science and the degree of improvement is variable

___ I understand that occasionally there is no visible improvement and another treatment may be required

___ I do not have any of the conditions described in the "Patients Who Should Not Be Treated" section.

By my signature below, I acknowledge that I have read this Reaction™ Informed Consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with the Reaction™ treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under 18 years of age; I understand that the consent of my parent/legal guardian/person having legal custody will also be required before treatment. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relative, legal representatives, heirs, administrators, successors and assigns.

Print Name

Patient Signature

Date



- Use of blood thinning medications, whether prescription or over-the-counter (including Coumadin or other prescription blood thinners, corticosteroids, aspirin or aspirin-containing products, chronic use of NSAIDs, garlic supplements, ginkgo, ginseng, St. John's Wort, fish oil)
- Active or recent malignancy (excluding cutaneous basal cell carcinoma or squamous cell carcinoma, provided there is no involvement of the treatment area)
- Uncontrolled thyroid disease
- Impaired immune system (such as HIV)
- Any prior aesthetic or medical surgery affecting the area to be treated (liposuction, subcision), in the 3 months before the treatment
- Any history of disease which may be stimulated by heat, such as Herpes in the treatment area
- Any endocrine disorder, such as diabetes

Additional contraindications for ST treatments

- Patients who receive Botox injections should avoid any treatment for 5-7 days thereafter
- Patients who have undergone chemical peels or natural fillers should avoid treatment for at least two (2) weeks before beginning the skin tightening treatment
- Patients should wait at least 3-6 months after deep chemical peels and laser fillings
- Patients who had epilation treatments must wait at least 6 weeks before commencing the treatment course

ADVERSE EXPERIENCES - The following adverse effects may be experienced. While these symptoms are rare and temporary, they are to be carefully considered following treatment and prior to continuing the treatment:

- Discomfort
- Excessive skin redness (erythema) and/or mild swelling (edema)
- Changes in skin texture (crust, blister, burn)
- Urticaria (hives)
- Purpura or ecchymosis (bruising)
- Hematoma
- Allergic contact dermatitis to the acoustic contact gel

NOTE:

- Some areas are more sensitive to vacuum, such as the front of the leg, above the knee and the outside and inside of the thigh and this sensitivity may cause bruising.



REACTION™ INFORMED CONSENT

The instructions provided in this informed consent should be followed by all patients receiving a Reaction™ treatment. You will be asked to sign this form to acknowledge that you have read and understood all of the information presented.

Indication

The **Reaction™** system is indicated for temporary reduction in the appearance of cellulite, improvement in local blood circulation, and for the relief of minor muscle aches and pain, relief of muscle spasm. Treatment duration with Reaction™ will last approximately 20-30 minutes, depending on the number of treated areas as well as the size of the area treated.

REALISTIC TREATMENT EXPECTATIONS

- There will be improvement in cellulite appearance, but not complete elimination. There will be improvement in thigh's circumference. However, the response is individual
- The degree of response to the Reaction treatment, and the number of treatment sessions required will vary among patients and will depend on the clinical and physiological condition at the start of the treatment regimen. Some patients respond more than others
- The treatment results are temporary and one maintenance treatment session every 3-6 months is recommended to sustain them
- A healthy lifestyle (diet and exercise) may help to obtain better results, but is not essential. However, weight gain may have a negative effect on the results
- Non-ablative gradual improvement of skin texture/laxity without down time or high risk factors, more commonly associated with laser skin resurfacing
- Superficial acne scarring and enlarged pores may show some improvement by building new collagen in the dermal area

PATIENTS WHO SHOULD **NOT BE TREATED**

A Reaction™ treatment SHOULD NOT be performed on patients with the following:

- Any skin disease in the treatment area
- Tattoo or permanent makeup in the treatment area
- History of hip replacement, hip or femur surgery, or other metallic implants (such as gold threads) in the treatment field
- Pregnancy and nursing as well as 3-6 months post childbirth or until normal hormonal balance is regained
- Cardiac pacemaker, defibrillator, or other implanted electronic/electrical device
- Blood coagulopathy or excessive bleeding or bruising
- History of deep vein thrombosis
- Use of Accutane within the past 6 months



Health Questionnaire:

Are you experiencing or have you experienced any of the following?

- Active/ Chronic conditions: Y N Specify: _____
- Surgeries/ Hospitalization: Y N Specify: _____
- Medication Care: Y N Specify: _____
- Sensitivity to Medication: Y N Specify: _____
- Allergy: Y N Specify: _____
- Pregnancy: Y N
- Under age of 18 Y N

Exclusion Criteria from treatment (Contraindications):

Check any box that applies to you:

- Cardiac pacemaker, defibrillator, or other implanted electronic/metallic device
- Use of drugs that influence the immune system
- Impaired immune system (as HIV)
- Any endocrine disorder, such as diabetes
- Hepatitis or liver disease
- Active or recent malignancy (cancer)
- Uncontrolled thyroid disease
- Blood coagulopathy or excessive bleeding or bruising
- Use of blood thinning medications (anticoagulants)
- History of deep vein thrombosis in the treatment area
- Heat induced diseases (Herpes, etc) in the treatment area*

*For patients with chronic herpes simplex virus infections, pretreatment with antiviral medications should be initiated, especially when lesions appear in the site to be treated. Antiviral treatment typically begins 1 day prior to treatment and continues for a total of 5-7 days

- Any active skin disease in the treatment area (such as herpes, eczema, rash)
- Extra dry or sensitive skin
- Sunburns in the treatment area
- Patients prone to Keloid scars or impaired wound healing
- Tattoo or permanent makeup in the treatment area
- Use of Accutane/Roaccutane/Isotretinoin/Amnesteem/Claravis/Sotret within the past 6 months
- Any aesthetic or medical surgery in the treatment area in the past 3 months



Print Name

Witness Signature

Date

***For Office Staff:** Please make a copy of completed and signed consent form. Place one copy in patient's file and give one copy to patient to take home.