



### InstaLift Thread Lift Patient Consent

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Health History: \_\_\_\_\_ Allergies: \_\_\_\_\_

Recent dental appointment or sinus infection? \_\_\_\_\_

Medications (Rx and OTC): \_\_\_\_\_

Silhouette InstaLift is a resorbable sterile implantable single-use device intended for adult patients and is used in multiple pairs to provide for elevation and repositioning of facial tissue. Product composition consists of 82% Poly lactic Acid (PLLA), and 18% Polylactic-co-glycolic Acid (PLGA). Silhouette Instalift is an advanced micro suspension technology Absorbable Suture (biodegradable threads). It is a suspension system to lift ptotic skin in the midface and jawline. The device contains bidirectional cones. The superior cones anchor laterally at immobile tissue and the inferior cones suspend the mobile tissue (the medial nasolabial fold, marionettes and jowls) Results may last up to 2 years. Individual technique and results may vary. In some case's a touch up may be required as early as 6 months after initial treatment.

#### POTENTIAL ADVERSE EVENTS AND COMPLICATIONS

- Patients may experience a local mild acute inflammatory tissue reaction. Symptoms include minor pain, swelling and bruising. Edema resolves in 24-48 hours. Appearance of slightly over corrected look usually resolves within 3-5 days.
- Transient rippling or dimple formation
- Absorbable suspension sutures are not prone to splitting, and any reported dimpling or palpability is due to superficial placement of the cones and improper technique
- Sensory or motor nerve injury
- Asymmetry- may require additional correction
- Palpable and/or visible thread ends/ knots/ cones

#### INFORMED CONSENT

My signature signifies that I am not pregnant, nursing an infant, or have any of the following allergies: lidocaine, or multiple severe allergies to a variety of substances. I also do not have a history of a bleeding disorder, abnormal scarring, or an autoimmune disease. I am not taking immune suppressants or blood thinners.

The elective procedure, as well as the potential risks, benefits, and options have been explained to my satisfaction. I understand that no guarantee has been implied or expressed regarding the results of my treatment. I am aware that unexpected and/or unexplained complications may occur.

By signing below, I acknowledge that I have read the informed consent, have had the opportunity to discuss any questions that I have with my provider to my satisfaction, and consent to the treatment as described above with its associated risks. I have received the pre and post care instructions for this procedure and will follow the recommendations. I authorize before, during and after my procedure(s) the taking of photographs to be part of my patient profile.

Patient Signature: \_\_\_\_\_

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