



INFORMED CONSENT FOR TRILIFT® TREATMENTS

I hereby certify that I am above 18 years old and authorize the providers of JaLaine Aesthetics and Wellness, PLLC to perform Lift Mode TriPollar® RF Energy with DMSt™ muscle conditioning/triFX® RF-assisted microneedling/triLift™ synergistic procedures on me, in an effort to improve my facial skin/muscle tone/mild to moderate facial wrinkles and rhytides/Other: _____

I understand that there is a rare possibility of adverse effects including discomfort, excessive skin redness, excessive swelling, damage to the natural skin texture (in the form of blisters or burns), fragile skin, changes of pigmentation, bruising, scarring or transient skin breakouts such as acne or milia, in the event of any such adverse reaction, although expected to be transient, I understand that I need to report it to my healthcare provider above and I aware that careful adherence to all advised instructions will help reduce such a possibility.

I understand the below list of short-term effects and agree to follow the matching guidelines:

- Discrete micro scabs post triFX™ microneedling- will usually form within 24 hours to 3 days post-treatment and last for a few days during which natural and gradual flaking occurs. During this phase, it is important not to manipulate or scratch the skin which may otherwise lead to scarring.
- Mild itchiness and/or sensation of dry skin post triFX™ microneedling – may be relieved with cold air or thermal spring water sprays within the first 24 hours - may apply soothing creams or serums as of 1-day post treatment but not earlier.
- Warm feeling post Lift Mode – may occur in some localized areas. Dissipates spontaneously and may be relieved with cold (but not iced) packs.

I understand that sun exposure or tanning of any sort is not aligned with the pre-and especially post-care instructions and may increase the chance of complications. As long as side effects are present (redness, micro scabs, etc.), I need to stay out of the sun. The application of sun blocks SPF 30+ several times a day is possible but only after 24 hours if triFX™ microneedling was part of the treatment protocol, otherwise, it may be applied immediately post any other triLift® procedure.

The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered.

Pre- and post-care instructions have been discussed and are completely clear to me.

I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required.

I consent to photographs being taken to document my progress and response to the treatment and be kept in my medical record unless otherwise noted.

Initials _____

I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity unless otherwise noted.

I agree to review the following pre-treatment compliance checklist along with my provider and bring accurate and updated data to the best of my knowledge.

Pacemaker, defibrillator, or any implanted electronic device	No	Yes
Metal implants in the treatment area	No	Yes
Pregnant or possibility of pregnancy, postpartum or nursing	No	Yes
Severe concurrent illness or condition such as cancer, lupus, uncontrolled diabetes, or uncontrolled seizure disorders	No	Yes
Concurrent or chronic skin disorders or lesions in the treatment area	No	Yes
Severe bleeding or vascular disorders	No	Yes
Cannot feel heat because of nerve damage	No	Yes
Heal poorly and have a medical history of keloid scars	No	Yes
Injected chemical substances, threads, and synthetic fillers in the area to be treated	No	Yes
Fillers, collagen, fat injections or other injected bio-material in the treatment area within the past three months	No	Yes
Botulinum Toxin within the past 2 weeks	No	Yes
Impaired immune system, immunosuppressive diseases, or use of immunosuppressive medications	No	Yes
Active skin or muscle inflammation, incomplete healing in treatment area post other procedures such as surgery, laser treatments, chemical peels, etc.	No	Yes

Any YES in the above table constitutes either a permanent contraindication or requires postponing the treatment.

History of active cold sores or herpes simplex virus (prophylaxis required)	No	Yes
Excessively tanned skin from sun, tanning bed or spray tans	No	Yes
Use of non-steroidal anti-inflammatory drugs within one week prior to treatment	No	Yes
Suspected or diagnosed heart problems	No	Yes
Suspected or diagnosed epilepsy	No	Yes
Any known allergies if so please list	No	Yes
List of additional current medication/supplements taken:	No	Yes

Any YES in the above table will be handled as per provider discretion who will decide as the treatment compliance.

Performing a procedure will require extra caution.

My signature certifies that I have duly read and understood the content of this informed consent form and gave accurate information as to my health condition. I hereby freely consent to triLift™ procedures.

Client Signature

Date

Witness

Date