



Informed Consent Form

OptiPLUS is a non-invasive procedure that emits radiofrequency (RF) that gently heat the skin and surrounding tissue. Induced heating of body tissues may provoke various physiological and thermoregulatory responses, such as reduction in the appearance in cellulite.

Treatment Course:

In all cases, your treatment course will be set and defined in accordance to your physician recommendation. Number of treatments are usually between 4-6 treatments in accordance to the treatment area and the desired clinical outcome. Treatments

sessions scheduled at least 1 week apart and no more than 3 weeks apart for optimal results.

What to expect during treatment: A treatment probe responsible for emitting the RF energy placed over the targeted area; as a result, you may feel varying degrees of heat. You may also feel an achy or sore feeling after treatment that can last between 24-48 hours.

After treatment, you may experience:

- For treatment on the face, some patients may experience ears feeling clogged and jaw tightness.
- Erythema, or general tissue redness and irritation, is common and may present for few hours after treatment
- Some patients show results after the first treatment, and other patients take a little while longer.
- You can expect full results in up to 8 – 12 weeks to appear.

The treatment requires patients meet a basic inclusion criterion to minimize general risk.

Please answer the following questions truthfully to ensure you are a candidate for treatment.

Does any of the following apply to you?

Taking medicines that increase skin sensitivity to heat	Yes / No
Taking medicines that change skin metabolism	Yes / No
Open lacerations or abrasions?	Yes / No
Cancer or pre-cancerous lesions in treatment area	Yes / No
Herpes simplex in the treatment area	Yes / No
Risk of keloid scars	Yes / No
Pregnancy	Yes / No
Pacemaker wearers and/or any other type of implanted electronics	Yes / No
Significant concurrent skin conditions or any inflammatory skin conditions	Yes / No
Active cold sores, open lacerations or abrasions	Yes / No
Chronic or cutaneous viral, fungal or bacterial diseases	Yes / No
Anticoagulant therapy	Yes / No
Active local or systemic infections	Yes / No
Any disease in which a temperature increase is contraindicated	Yes / No
Allergic to glycerin, paraffin, parfum, parabens, nuts, vegetable oils, calendula, or chamomile	Yes / No
Insensitivity to heat in treatment area	Yes / No
Wearing piercing in treatment area	Yes / No
Metal implants in treatment area, excluding dental implants	Yes / No
Do you have an iStent implant in your eyes? (eye pressure device)	Yes / No
Do you have any tattoos or inks above your neck (microbladed eyebrows)?	Yes / No
Have you had any cosmetic treatments, such as Botox or fillers, in the past 3 months?	Yes / No

Have you ever had an adverse reaction to previous cosmetic procedures or treatments?	Yes / No
Are you taking any blood-thinning medications (aspirin, warfarin, heparin)?	Yes / No



By signing this document, you are confirming that all known potential side effects have been properly explained, which include:

Warmth and mild pink to redness skin - usually disappear after treatment.

- Mild diarrhea, transient erythema and a mild shock similar to a static discharge
- (Mostly due to an excessive heating or lack of full contact with tissue).
- The treated area mildly swollen immediately after the treatment.
- For full list of side effects, consult with your provider

Before and after pictures taken as part of the treatment. These pictures may be used for marketing purposes (all identifying information will be removed).

I have read the above information, and I give my consent to be treated with the OptiPLUS procedure by

Printed Patient Name: _____

Patient Signature: _____

Date: _____

_____ and/or _____

Physician name

Clinic Staff Member Name

LUMENIS