

DOCTOR SKIN COMETIC LASER AND AESTHETICS CENTER EXILIS CONSENT

1. I hereby authorize Dr. Doctor and his Registered Nurse to treat me using the EXILIS system.
2. I understand the results may vary from person to person and that an exact result cannot be predicted.
3. I understand that at least 2-4 treatments, administered 7-14 days apart, are necessary to maximize treatment efficacy. Additional treatments will be required to maintain results.
4. I understand that good dietary habits, sufficient intake of water and light physical activity are beneficial and may optimize results.
5. I understand there are certain risks associated with EXILIS treatments and they include but are not limited to
 - ~ Redness
 - ~ Swelling
 - ~ Tissue tenderness
 - ~ Dry skin, blistering

Although unlikely, adverse effects such as skin burns and blisters may occur. If this occurs, I should immediately notify Doctor Skin and Dr. Doctor

6. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, temporary or permanent, and I freely assume these risks.
7. **I confirm that I do not have an inserted pacemaker, internal defibrillator, or metal implants. I am not pregnant or breastfeeding.**
8. I have been advised to increase my water intake at least 24 hours before and after treatment. On the day of treatment, I will need to wear comfortable clothing and may have to remove all jewelry. The area(s) to be treated will be marked and oil or gel may be applied. The treatment area(s) will be exposed to various degrees of heat from the EXILIS system. I may experience intense heat.
9. I agree to before and after treatment photographs, measurements, and weight as this will help in the evaluation of the results of the treatment.
10. I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure and possible side effects.

I hereby give my consent and authorization and release this establishment and its agents of any claims that I have in the future connection with the described treatment.

PLEASE READ THE FOLLOWING EXILIS DISCLAIMER

Exilis requires multiple treatments for full results and also requires maintenance treatments to maintain results. The number of treatments necessary depends on the patient, the area to be treated, and the extent of the condition (skin laxity or fat). This will be discussed with you in consult before starting treatments.

Treatments are generally scheduled 1-2 weeks apart, but Dr. Doctor may recommend shorter or longer spacing. It is very important to come for the entire series with the correct time spacing of treatments. Therefore, you will need to schedule all treatments at the time of consult or scheduling of the initial treatment to

_____ Initial that you have read and understand this page

ensure that your schedule and our schedule allows you to come for the recommended number of treatments and time spacing.

Doctor Skin will not be responsible for varying results if you have to cancel/reschedule treatments and are not able to keep appointments with the appropriate time spacing.

If you need to reschedule, we cannot guarantee that the correct time spacing of treatments will be available and we will therefore not be responsible for varying of results due to your re-scheduling of treatments.

If you do not show up for a treatment or cancel within 24 hours, you will forfeit that treatment cost and you will not receive a refund. If you want to reschedule, you will be required to pay for an additional treatment. No refunds will be given after the payment of the package price.

I certify that I have read all of the above, agree with all information, and all my questions have been answered. I consent to treatment.

Patient Signature: _____

Date: _____

Nurse Signature: _____

Date: _____

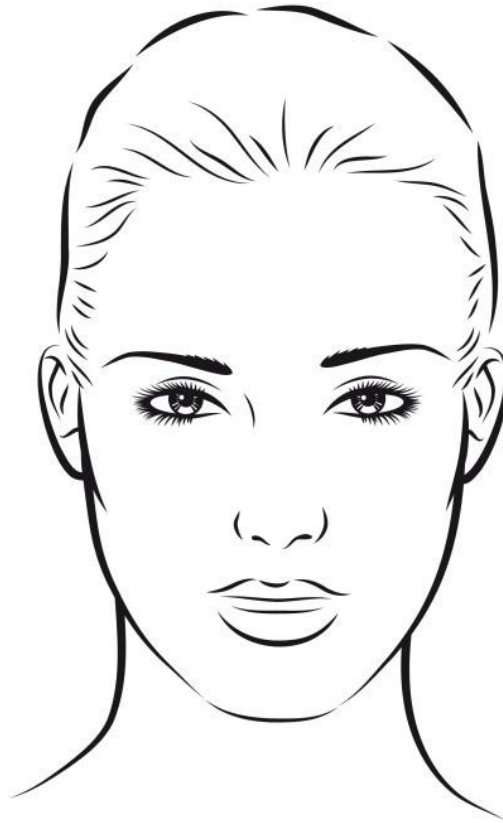
Physician Signature: _____

Date: _____

_____ Initial that you have read and understand this page

Doctor Skin Exilis® Face Treatment Record

Patient's name:		Date of treatment:	
		Treatment # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Location of grounding pad:	<input type="checkbox"/> Upper back	<input type="checkbox"/> Other	
Description of grounding pad location:			
Photos taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient distance from camera:	
Background used:		Description of patient positioning:	
Treatment Area (s): Mark area(s) below			



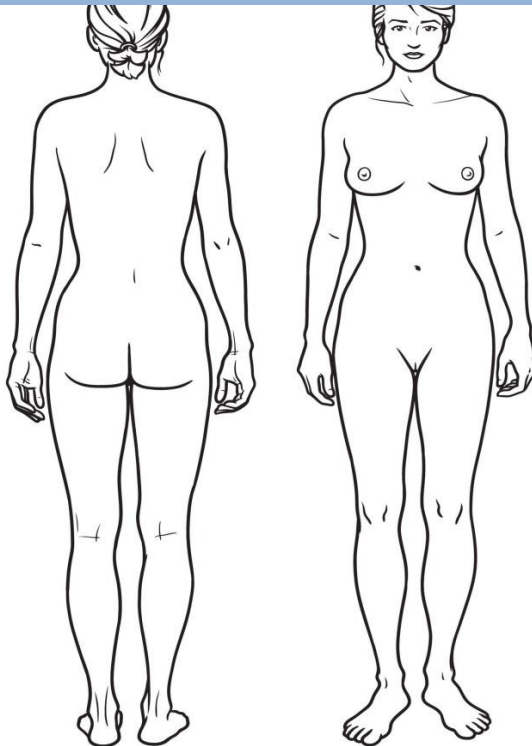
After Instructions given: YES

Nurse Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Doctor Skin Exilis® Body Treatment Record

Patient's name:		Date of treatment:																					
Location of grounding pad:		<input type="checkbox"/> Upper back		<input type="checkbox"/> Thigh																			
Description of grounding pad location:		<input type="checkbox"/> Buttocks		<input type="checkbox"/> Other																			
Photos taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient distance from camera:																					
Background used:		Description of patient positioning:																					
Weight: <input type="checkbox"/> Lbs _____		<input type="checkbox"/> Kg _____		<input type="checkbox"/> N/A																			
Hydration status: <input type="checkbox"/> Normal		<input type="checkbox"/> Below		<input type="checkbox"/> N/A or not measured																			
Treatment measurements:		<input type="checkbox"/> CM <input type="checkbox"/> Inches																					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Area</th> <th style="width: 33%;">Pre-Tx</th> <th style="width: 33%;">Immediate Post-Tx</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> No measurements taken this treatment visit</td> </tr> </tbody> </table>				Area	Pre-Tx	Immediate Post-Tx													<input type="checkbox"/> No measurements taken this treatment visit		
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Treatment Area (s): Mark area(s) below																							



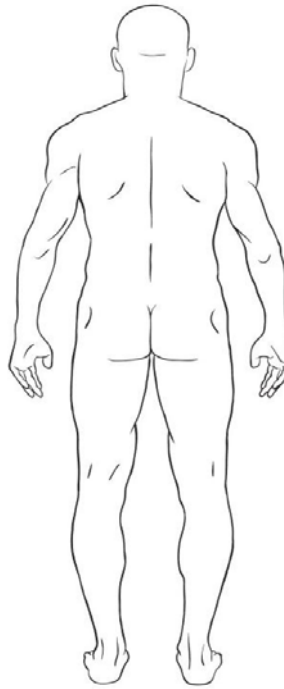
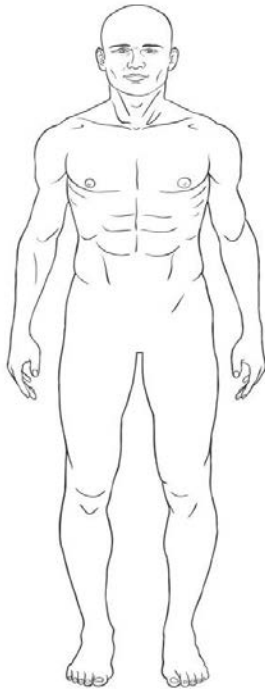
After Instructions Given: YES

Nurse Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Doctor Skin Exilis® Body Treatment Record

Patient's name:		Date of treatment:																					
		Treatment # 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/>																					
Location of grounding pad:	Upper back <input type="checkbox"/>	Thigh <input type="checkbox"/>	Buttocks <input type="checkbox"/>	Other <input type="checkbox"/>																			
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Mark area(s) below																							



After Instructions Given: YES

Practitioner Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Doctor Skin Exilis Pre Treatment Instructions

- Exilis is contraindicated in patients with metal implants, pacemakers, as well as any active implanted device. Exilis is also contraindicated for women who are pregnant or lactating. Please be sure to share your complete medical history with us so we can make sure Exilis is right for you.
- Please wear comfortable clothing on the day of your treatment so we can gain access to your back/buttocks/thighs for easy placement of the ground electrode as well as the treatment area.
- No make-up, creams or lotions on skin; no jewelry. Skin should be hair free.
- If the treatment area is on your body (instead of face), please arrive at your appointment well hydrated with lots of water. Ideally, you should drink a lot of water the day before, the day of and the day after your treatment as this will result in a more comfortable and efficacious treatment. Additionally, we recommend light physical activity after treatment to help with lymphatic flow.

Doctor Skin Exilis Post Treatment Instructions

- You may experience transient erythema (redness) that will last from a few minutes to an hour or possibly longer. Notify Doctor Skin if it is worse than this or you have concerns.
- Your skin may feel warm immediately after the treatment, but this will dissipate quickly.
- You may have some tenderness in the area for a few hours or a day after.
- Treatment of the eyes may yield some swelling and patients are encouraged to sleep on two pillows for 24-48 after treatment.
- You may resume your normal skincare regimen. Use the Avene Cicalfate if recommended.

Notify Dr. Doctor if you have any questions, concerns, problems.

I understand the above instructions. I understand the risks and signs of side effects and complications such as extended or severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection and I will call the office and Dr. Doctor immediately if I have any questions or concerns. **Initial**

Today I discussed Exilis with the patient. I told the patient all about the device and the technology. I compared it to the leading competitors in the fat reduction and skin tightening categories. I told her that I believe Exilis is the best device for our practice because it works, it is cost effective (the least expensive to the patient), it is very tolerable, and it allows the patient to get touch up and maintenance treatments at a lower cost (\$3-600). I said that it takes multiple treatments and that everyone is different and that results vary. We recommend 2-6 treatments and then occasional maintenance treatments. Results can take 6-12 months to peak. It is not really known how long it lasts but should last for a year or longer. Everyone is different but most people see mild to moderate results. Results from Exilis are not that of surgery or liposuction, so I stated the need to understand what should be expected as reasonable results. I do believe that the patient is a good candidate and will get a good result, but results vary. I also told the patient that the occasional patient sees little to no result, and that is the risk with this type of non-invasive treatment. I also encouraged a healthy diet and exercise program. This treatment should not be for someone trying to lose weight or to allow the patient to slack on their diet and exercise program, as doing that can negate results. The patient understands the risks, benefits, alternatives, and possibility of lack of result. The patient wishes to receive the treatment.