



# Vanquish Consent Form

Medical Aesthetics and Rejuvenation Center, LLC clinical staff has explained the nature of my condition, the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion.

**Please initial below:**

I understand that completing a full treatment series, administered 7-14 days apart, is necessary to maximize treatment efficacy. \_\_\_\_\_

I understand that good dietary habits, sufficient intake of water and light physical activity are beneficial and may optimize results. \_\_\_\_\_

I confirm that I do not have an inserted pacemaker, internal defibrillator, or any other active or non-active metal implants. \_\_\_\_\_

I am not pregnant or breastfeeding. \_\_\_\_\_

Just as there may be benefits to the procedure proposed, I understand that all procedures involve risks to some degree:

**Pain**-Some people may feel some pain with this treatment. The discomfort is usually temporary, lasting only a few seconds.

**Reddening**- Treatment may cause a reddening of the area. The reddening will go away in 1-2 hours after treatment. In some instances, the redness can persist for several weeks but is extremely uncommon.

**Swelling**- Treatment may cause swelling, which will usually go away in 3-5 days or less but is extremely uncommon.

**Bruising**- Treatment may cause bruising and tissue tenderness but this is extremely uncommon.

**Pigment Changes**- Very uncommonly, the treated area may heal with increased or decreased pigmentation (skin coloring). This occurs most often with darker pigmented skin and after exposure of the area to the sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 2-3 weeks after treatment) to minimize the changes of too much pigmentation (hyperpigmentation). However, in some subjects, hyperpigmentation may occur even if the area has been protected from the sun. These spots usually fade in three to six months; however, in some cases, the pigment change is permanent. A reduction in pigment (hypo pigmentation) is also possible, but this is a very uncommon effect.

**Blistering/Burns**- The procedure may produce heating in the upper layers of the skin, resulting in blister formation. The blisters, which are uncommon, usually clear within two to four days.

**Scabbing**- A scab or crust may develop after the blister forms. The scabbing disappears during the natural wound healing process of the skin over 5 to 10 days.

**Infection**- This is rare following treatment if proper care is taken after the procedure.

**Scarring**- There is a small chance of skin scarring because of the heat delivered to the skin. The types of possible scars include raised scars or slightly depressed scars. Scarring is a possibility but extremely uncommon.

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**Altered Sensation-** There may be altered sensation or permanent or transient nerve damage at the treatment site. However, this is extremely unlikely because the system has been designed to deliver a controlled application of energy to the tissue.

**Noticeable Difference-** Because all individuals are different, it is not possible to completely predict who will benefit from treatment with the Vanquish device. Some patients will have terrific results, while other may have little or no improvement.

Your provider has tried to predict as carefully as possible how you will do with treatment, but by signing this consent form, you acknowledge that guarantees as to the final results of your treatment have not been made. It is also possible that additional treatments may be required. It is important to be aware that there is a fee associated with these additional procedures.

I am aware that other unexpected risks or complications may occur and that no guarantees or promises have been made to me concerning the results of any procedure or treatment. It has also been explained that during the course of the proposed procedures, unforeseen conditions may be revealed requiring performance of additional procedures.

I agree to before and after treatment photographs, measurements, and weight as this will help the evaluation or the results of the treatment.

These side effects have been explained to me and either Dr. Rafizadeh or his clinical staff has answered all my questions. I agree to have the above named procedure, Vanquish, today in the office. I will call Dr. Rafizadeh or his clinical staff immediately if I have any disturbing side effects, as I am aware that waiting may cause further issues.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

