ADVANCED EYECARE AND AESTHETICS
THE EYEWEAR GALLERY

triLift Consent Form

Initials

I,_____, hereby certify that I am above 18 years old and authorize Advanced Eyecare and Aesthetics to perform Lift Mode TriPollar RF Energy and DMSt muscle conditioning/triFX RF-assisted micro needling/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, change 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 am 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 matching guidelines:

- Discrete micro scabs post triFX micro needling—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 micro needling—may be relieved with cold air or thermal spring water sprays within the first 24 hours. I may apply soothing creams or serums as of 1 day post treatment but not earlier. _____
- Warmth 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 no aligned with the pre- and especially post care instructions and may increase the chance for complications. As long as side effects are present (redness, micro scabs, etc), I need to stay off the sun. The application of sun blocks SPF+30 several times a day is possible but only after 24 hours if triFX micro needling was part of the treatment protocol, else 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 very 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 for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record. _____

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

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

_____

Print Name

_____

Signature Date

ADVANCED EYECARE AND AESTHETICS

Please answer YES/NO to the following areas. Any YES in the table will be handled per Advanced Eyecare and Aesthetics staff/ physician discretion who will decide as to the treatment compliance. Performing a procedure will require extra caution.

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, 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 for ex.	NO	YES
Heal poorly and have a medical history of keloid scars	NO	YES
Injected chemical substance, 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 contra-indication 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 Last exposure:
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 allergy?	NO	YES Specify:
List of additional current medication/ supplements taken:		

My signature certifies that I have duly read and understand the content and gave the accurate information as to my health condition. I hereby freely consent to triLift procedures.

_____

Print Name

_____

Signature Date