



Ultherapy: Patient Consent for Treatment

A. Purpose and Background

(Please initial)_____ Ultherapy is a nonsurgical treatment that uses ultrasound and the body's own natural healing process to lift, tone, and tighten loose skin on the brow, face, under eyes, lip, décollete, neck, and under the chin. Ultherapy is intended for men and women with mild to moderate skin laxity.

B. Procedure

(Please initial)_____ Ultherapy treatment uses ultrasound and consists of treating the area with a smooth applicator placed on top of your skin to treat the tissue below the surface to naturally create new collagen. Ultherapy improves your skin from the inside out without disrupting the surface of your skin. Based on just one treatment, good clinical results have been achieved. However, some people who have a fair amount of laxity may benefit from more than one treatment.

C. Risks/Discomfort

(Please initial)_____ There can be some discomfort during treatment when the energy is being delivered, but measures will be taken to keep you comfortable. Immediately following Ultherapy treatment, the skin may appear red for a few hours. It is not uncommon to experience slight swelling for a few days following the procedure or tingling/tenderness to the touch for days to weeks following the procedure, but these are mild and temporary in nature. Occasional side effects may include temporary bruising or welts, which resolve in hours to days. Occasionally numbness can occur in a select area, which resolves in days to weeks. I agree if I have any concerns regarding my Ultherapy treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider. I understand that while adverse reactions to Ultherapy treatments are rare, there are possible risks associated with treatment such as a remote risk of a burn that may or may not lead to scarring, or temporary nerve inflammation, which will resolve in a matter of days to weeks. Temporary local muscle weakness may result after treatment due to inflammation of a motor nerve, but this is extremely rare.

D. Benefits

(Please initial)_____ Ultherapy results can be achieved after 1 treatment, and with no downtime. Patients are likely to be able to return to normal activities right away, and no special measures are required post treatment. The results vary from patient to patient, and, occasionally, the collagen building on the inside does not have a visible effect on the outside. I understand that results will unfold over the course of 3 to 6 months and that some patients may benefit from more than one treatment. I also understand that a non-invasive Ultherapy treatment is not intended to produce the same results as an invasive surgical procedure.

E. Alternatives

(Please initial)_____ Ultherapy is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments include but are not limited to: laser treatments, such as GentleYAG, and radiofrequency treatment.

F. Photography

(Please initial) ____ I understand that clinical photographs is an essential component of my medical record and is required by VanderVeer Center, before, during, and after treatments.

G. Consent Procedure

(Please initial)____ I understand Ultherapy uses ultrasound designed to lift, tighten, and tone the skin, and clinical results may vary depending on individual factors. Although good results are expected, I understand that multiple treatments may be required and that no guarantee has been made, either explicit or implied, as to treatment outcome. I understand that to achieve maximum results the protocol prescribed by VanderVeer Center should be adhered to. The number of treatments and results of treatment vary per patient and may be affected by the following individual factors, including but not limited to: medical history and medications, skin type, skin conditions, degree of skin laxity, patient age, patient compliance with pre and post treatment instructions, and lifestyle choices such as smoking, diet and sun exposure.

(Please initial)____ I have provided my complete medical history and current medications.

(Please initial)____ I understand that contraindications for Ultherapy include pregnancy and nursing, impaired immune system, any active condition in treatment area, open facial wounds or lesions, severe or cystic acne on the face and/or neck, current skin cancer, active oral Herpes Simplex, autoimmune disease, epilepsy, and bell’s palsy.

(Please initial)____ I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand VanderVeer Center recommends VOLANTE skincare products (available at VVC) to enhance the results of my Ultherapy treatment.

(Please initial)____ I release VanderVeer Center from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.

(Please initial)____ I have read and understand this consent and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

(Please initial)____ I agree if I have any concerns regarding my Ultherapy treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a VanderVeer Center medical provider within 24 hours.

(Please initial)____ **I elect to proceed with Ultherapy treatment.**

Patient Name: _____ Date: _____

Patient Signature: _____

Provider Signature: _____