

Thermage[®] Procedure Patient Consent Form



Altered Sensation — The procedure may produce in very rare cases altered sensation, including numbness, tingling or temporary paralysis. These cases have typically resolved in a few days, but a few cases have persisted up to a few weeks.

Efficacy — Because all individuals are different, it is not possible to completely predict who will benefit from the procedure. Some patients will have very noticeable improvement, while others may have little or no improvement. It is possible that additional treatments may be needed to achieve the desired end result, or that smaller touch-up procedures may be required.

Contraindications — Thermage cannot be performed on patients who have an implantable pacemaker, an implantable cardioverter/defibrillator (ICD) or any other electronic implantable device.

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 the procedure. It has also been explained that during the course of the proposed procedure, unforeseen conditions may be revealed requiring performance of additional procedures. My questions regarding this treatment, its alternatives, its complications and risks have been answered by my doctor and/or his or her staff.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND BELIEVE THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I have read this form and understand it, and I request the performance of the procedure.

_____ Date of Birth _____
Patient Signature

I have informed the patient of the available alternatives to treatment and of the potential risks and complications that may occur as a result of this treatment

_____ Date _____
Physician Signature

_____ Date _____
Nurse or Medical Assistant