

NORTH METRO DERMATOLOGY

ULTHERAPY® CONSENT AND INSTRUCTIONS

Proposed Treatment

Using microfocused ultrasound to lift and tighten skin.

Anticipated Benefits and Limitations

Ultherapy® treats the deep foundational layer addressed in cosmetic surgery but will not duplicate the results of a surgical procedure. The production of new collagen takes time, so results can become apparent in 3-6 months. Treatment produces new collagen on the inside, but an individual's natural aging process will dictate how long that translates into visible results on the outside. Future touch-up treatments can help provide more control over the aging process, which varies by individual.

Possible Contraindications

- Pregnancy and nursing
- Defibrillator, pacemaker, or metal implants in treatment area
- Severe or cystic acne in treatment area
- Recent injury or infection in treatment area

Risks

Possible side effects include slight redness that typically resolves within a few hours following the treatment. Some patients may have slight swelling, tingling or tenderness to the touch, numbness, small welts, and bruising, but these are mild and temporary in nature. On occasion, temporary local muscle weakness may result due to inflammation of a motor nerve, which will resolve in a matter of days to weeks.

Pre-Treatment Instructions

- 10 days before treatment, avoid the following medications and supplements that may increase the risk of bruising:
Aspirin, Advil, Motrin, Ibuprofen, Aleve, Naproxen, Excedrin (all OTC pain pills except Tylenol), Vitamin E, Multi-Vitamin, Gingko Biloba, Omega-3 Fatty Acids, Cod Liver Oil, Fish Oil, Flax Oil, CoQ10, Garlic and Ginger
- If you are taking any blood-thinning medications as per doctor's orders (such as Coumadin, Warfarin, Plavix, Lovenox, Aspirin), do not discontinue without first consulting with the prescribing physician. The chance of developing an injection-related hematoma (blood clot) is higher when taking these medications.
- Do not drink alcohol within 48 hours before treatment as this may also increase the risk of bruising.
- If instructed, take prescribed medication(s) to help prevent cold sores and/or infection.

By signing below, I acknowledge that I have read this form and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Ultherapy® treatments. I hereby release North Metro Dermatology from all liabilities associated with this procedure.

Patient Name (print): _____ Date: _____

Patient Signature: _____

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