

Ultherapy Consent Form

**Please read and initial each line indicating that you have read and understand each statement.**

- \_\_\_\_\_ I consent to the Ultherapy treatment using the Ulthera system.
- \_\_\_\_\_ I am not currently taking blood thinners, or if I am taking blood thinners, I have checked with my prescribing physician and he/she has given permission for me to have this procedure knowing the risks associated with the procedure.
- \_\_\_\_\_ Ultherapy is a non-surgical treatment that uses Ultrasound technology to lift and tighten skin.
- \_\_\_\_\_ I understand that results vary from patient to patient, and occasionally, the collagen building on the inside that helps counter the effects of gravity does not have a visible effect on the outside.
- \_\_\_\_\_ I understand that, following the procedure, the results will unfold over a period of 60-90 days and beyond, and that some patients may benefit from more than one treatment.
- \_\_\_\_\_ I understand that Ultherapy is a non-invasive treatment and is not intended to produce the same results as an invasive surgical procedure.
- \_\_\_\_\_ I understand that no guarantees can be made as to the results of this procedure and there is a low risk that I may not see results at all.
- \_\_\_\_\_ I understand there can be discomfort during the treatment when the ultrasound is being delivered. I have discussed options to optimize comfort during the procedure.
- \_\_\_\_\_ I understand that immediately following the Ultherapy procedure, the skin may appear red for a few hours, and that it is not uncommon to experience slight swelling for a few days following treatment.
- \_\_\_\_\_ I understand that it is not uncommon to experience a tingling or tenderness to the touch for days to weeks following the procedure, but these are usually mild and temporary in nature.
- \_\_\_\_\_ Occasional temporary effects may include bruising or welts, which usually resolve in hours to days, or numbness in a select area, which usually resolves in days to weeks.
- \_\_\_\_\_ I understand that as with any medical procedure, there are possible risks associated with this treatment, and even if there is a low risk, these risks may include: risk of a burn that may or may not lead to scarring, temporary nerve inflammation, temporary local muscle weakness due to inflammation of nerves, and temporary numbness due to inflammation of a sensory nerve.
- \_\_\_\_\_ I understand that if I have had dermal filler within the past 3 months or neurotoxin, (Botox, Dysport), within the past 2 weeks, it is possible the heat from Ultherapy can break down and diminish the effectiveness of the dermal filler or neurotoxin.
- \_\_\_\_\_ I understand that following my Ultherapy treatment, it is best to avoid dermal filler injections for 2 months and neurotoxins for 2 weeks.
- \_\_\_\_\_ If I have been provided or taken a controlled substance for pain management, I agree that I will not operate a motor vehicle following treatment for the remainder of the day.
- \_\_\_\_\_ I have had the Ultherapy procedure explained to me, I understand the risks associated with the procedure and have discussed alternative treatments that are available.
- \_\_\_\_\_ I have been given the opportunity to ask questions about the procedure and my questions have been answered.
- \_\_\_\_\_ If I need to reach the office after business hours, with a concern about my procedure that I feel should not wait until the next business day, I understand I need to call the medical dermatology number to reach someone on call at (770) 952-2100.
- \_\_\_\_\_ For non-urgent questions or concerns regarding my procedure or concerns that can wait until the next business day, I understand I can call the spa number at (770) 952-1977 and someone will get back to me the next business day or as soon as they are able.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date