

ReFIRME SKIN TIGHTENING CLIENT INFORMED CONSENT

HOW DOES ReFIRME SKIN TIGHTENING WORK?

Refirme™ is an FDA cleared tightening treatment that combines bi-polar radio frequency with light energy. By developing this combination, the makers of Refirme™ ST have changed the way skin care professionals approach skin tightening. This patented elos™ technology not only tightens skin with targeted heat energy, but it also smoothes out wrinkles and evens out skin tone. Targeted areas are gently heated, stimulating collagen production. You will notice some immediate results, and a continuing improvement over time as your body produces more collagen, firming, lifting and restoring elasticity to your skin.

Treatment is repeated in several sessions for full results. Most patients start with three to five sessions spaced out three to four weeks apart. After that, a touch up session every six months will maintain your results. Each session lasts about 45 minutes to an hour. You can return to your normal activities right away. Since there is no swelling or redness, some patients even have the treatments during their lunch hour.

WHAT RESULTS ARE GUARANTEED WITH THE USE OF ReFIRME SKIN TIGHTENING?

No guarantee, warranty or assurance is made as to the results that may be obtained through use of Refirme™ Skin Tightening technology.

Refirme™ Skin Tightening can restore the youthful contours of your face by correcting jowls, fleshy neck, sagging brow, sagging beneath the eyes, and nasolabial folds. Results may include a more defined jaw line, lifted cheeks, reducing in fine lines and wrinkles, smooth neck, overall lifting, greater elasticity, and overall smoother skin.

DOES ReFIRME SKIN TIGHTENING HAVE ANY ADVERSE SIDE EFFECTS?

Even though laser technology is refined, with deeper penetration of the skin and multiple sessions, the heat generated by the Refirme™ ST treatment may cause certain adverse side effects. Since every individual is different, it is not possible to list or predict every potential side effect one may encounter, however, Refirme™ ST has been known to cause the following adverse side effects in patients:

- _____ Mild redness, blistering, blanching, scabbing or swelling immediately following treatment, but these rarely last more than a few hours;
- _____ Temporary bruising and temporary discoloration of the skin;
- _____ Rare possibility of scarring and permanent discoloration;

_____ Hyperpigmentation, excessive darkening of the skin, or hypopigmentation, excessive lightening of the skin, may occur. This may take up to six months to heal, but rarely is it permanent.

_____ *I ACKNOWLEDGE THAT EACH OF THE ABOVE POTENTIAL ADVERSE SIDE EFFECTS ASSOCIATED WITH ReFIRME™ ST TREATMENT HAS BEEN EXPLAINED TO ME. MY INITIALS NEXT TO EACH POTENTIAL ADVERSE SIDE EFFECT SIGNIFY MY UNDERSTANDING OF THE POSSIBLE ADVERSE SIDE EFFECTS OF ReFIRME™ ST TREATMENT.*

AFTERCARE COMPLIANCE WND COMPLETION OF TREATMENT

ReFirme™ ST aftercare guidelines include the following:

- Avoid direct sun exposure and artificial tanning after your treatment. If it is necessary to go in the sun, protect the treated area with a sunscreen of 30 SPF or higher.
- Avoid any irritating medications or chemicals, particularly on the face. Examples of these are: Retin-A, Benzoyl peroxide, glycolic acids, or astringents.
- Use tepid water. Avoid bathing or washing with very hot water. Some patients experience a mild degree of erythema (redness), which resolves within 48 hours. You may feel like you have mild or moderate sunburn. Minor crusting of the skin may occur in some areas. Over the counter Hydrocortisone and Aloe Vera Gel may help with redness or inflammation of your skin.
- Keep the area clean. Wash gently with a mild cleanser.
- Do not shave the treated area for at least 24 hours after the treatment or if the area is inflamed or irritated.

MY INITIALS BELOW SIGNIFY MY UNDERSTANDING THAT IN ORDER TO OBTAIN THE BEST RESULTS FROM ReFIRME™ ST TREATMENT, I MUST COMPLY WITH THE AFTERCARE GUIDELINES:

_____ I will assure my compliance with the above aftercare guidelines as they are crucial for healing, prevention of scarring and prevention of hyper or hypo pigmentation.

_____ I understand that treatment by the elos ReFirme ST involves a series of treatments and the fee structure has been fully explained to me.

STOP HERE; BEFORE SIGNING BELOW, ASK ALL QUESTIONS YOU MAY HAVE REGARDING THE ReFIRME™ ST PROCEDURE, AFTERCARE AND ANTICIPATED RESULTS.

CONSENT

I, _____, hereby acknowledge that I understand the ReFirme™ ST Procedure. I understand that there is a possibility of short-term adverse side effects, as well as rare side effects. These effects have been fully explained to me. I further acknowledge that all of my questions regarding the ReFirme™ ST procedure and adverse risks associated with same have been answered satisfactorily and explained to me by Dr. Eric Tabor and the staff of Northshore Dermatology, Inc. I acknowledge that no guarantee, warranty or assurance has been made to me as to the results that may be obtained by the ReFirme™ ST Procedure. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I confirm that I am not pregnant at this time, have not taken Accutane within the last 6 months, do not have a pacemaker or internal defibrillator. I do not have a history of keloid scarring, have not had deep chemical or mechanical peeling within the last two weeks preceding treatment, and do not have poorly controlled diabetes. I duly authorize Eric N. Tabor, M.D., and his staff, to perform the ReFirme™ ST procedure and any other measures which in their medical opinion may be necessary.

I, _____, consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

_____ day of _____, 201__.

PATIENTS SIGNATURE

WITNESS

PRINT PATIENT'S NAME

PRINT WITNESS'S NAME