

BodyTite Informed Consent

Instructions:

In considering BodyTite (Skin Tightening and Sculpting treatment), with the BodyTite System, please read the following Information carefully and completely and discuss any questions you may have with your physician.

General Information:

BodyTite is an innovative treatment that uses controlled RFAL (Radio-Frequency Assisted Lipolysis) technology to gently heat the underlying tissue and skin in a given treatment area for easy fat removal and strategic body contouring. When combined with Liposuction, this controlled heat application can melt fat prior to elimination for a smoother removal process during treatment, as well as less trauma inflicted on surrounding tissue. Additionally, the radiofrequency energy utilized by BodyTite can promote contraction of the surface skin, usually fostering a tighter skin texture and more defined body shape after the procedure when compared to other methods of fat removal. For the right candidates, BodyTite treatment can allow decreased visible scarring, an accelerated recovery period, and less post-procedural discomfort than other body contouring options.

Risks of BodyTite Procedure:

I am aware of the following possible experiences and/or risks associated with the procedure:

- I consent to the administration of local and tumescent anesthesia. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, or death.
- Discomfort may be experienced during and/or after the treatment.
- Some bruising and/or swelling may occur following the procedure. However, it should resolve in days, weeks, or months.
- Temporary redness (erythema) and swelling of the treated area can occur.
- Nerve Injury:
 - Temporary numbness/tingling in the area treated.
- Scarring is rare, but is a possibility if the skin surface is disrupted.
- Although uncommon, burns can occur.
- Infection is rare, but should it occur, treatment with antibiotics and/or surgical intervention may be required. Infection can further increase the risk of scarring. Proper wound care is important in the prevention of infection. If signs of infection such as pain, heat, blisters, or surrounding redness develop, call the office immediately at (775) 284-2020.
- I understand the importance of the pre and post treatment instructions and that the failure to comply with these instructions may increase the possibility of complications.

What to expect:

- The areas for treatment have been reviewed with me today and I am in agreement. I have been thoroughly and completely advised regarding the objectives of the procedure.

I understand that the practice of medicine and surgery is not an exact science and although these procedures are effective in most cases, no results have been guaranteed. I acknowledge that imperfections might ensue and that the operative result may not live up to my expectations. I understand that skin tightening may not be fully apparent for 6-12 months after this procedure, that tissue tightening varies from individual to individual and results are age-dependent.

- The treatment will involve applying heat to the adipose (fat) tissue and dermis using radiofrequency for therapeutic purposes and may be combined with Liposuction
- I understand that liposuction may be used in conjunction with the BodyTite (Skin Tightening and Sculpting treatment), if Dr. Tiffany McCormack determines it is necessary to do so. I understand that skin irregularities may occur with any liposuction treatment.
- I consent to having clinical photographs taken before, during and after my procedure. I understand that these photographs are an important part of my medical record.

The nature and effects of the procedure, the risks, the ramifications, complications, as well as alternative methods of treatment have been fully explained to me by the physician or designated person and I understand them. I am aware that this device is FDA cleared for soft tissue coagulation. The benefits of the proposed procedure, along with the probability of success have also been discussed with me. I have been given the opportunity to ask questions and have received satisfactory answers. I certify that I have read the above authorization and that I fully understand it.

DISCLAIMER

Informed Surgical Consent Forms are used to communicate information about the proposed treatment of a condition along with disclosure of risk and alternative treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

What the surgical and office staff have discussed with you and has been included in this consent are the material risks both common and uncommon that the doctor feels a reasonable person would want to know, understand and consider in deciding if the proposed treatment of a condition is something they would like to proceed with.

However, Informed Surgical Consent should not be considered all-inclusive in defining other methods of care and risk encountered. The staff may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information contained on this and all preceding pages carefully and have all of your questions answered by the doctor before signing the consent on the last page.

By signing below, I acknowledge and agree that:

- I have been given an opportunity to read, and have read, the foregoing informed consent form.
- I have discussed any questions I have regarding **BodyTite** (Skin Tightening and Sculpting treatment) with my HCP.
- My HCP has answered all of my questions to my satisfaction.
- I hereby consent to the treatment described above, including all of its associated risks.
- I understand I have the right not to consent to this treatment, and my consent is voluntary.
- I hereby release Dr. McCormack and staff performing **BodyTite** (Skin Tightening and Sculpting treatment), and the facility from liability associated with this procedure.

I CONSENT TO THE PROCEDURE AND/OR TREATMENT AND THE ABOVE LISTED ITEMS.

I AM SATISFIED WITH THE EXPLANATION

Patient or Person Authorized to Sign for Patient

Please Print Name Here
