

**PATIENT CONSENT FOR ULTHERAPY®**

In considering an Ultherapy® treatment with the Ulthera System, please read the following information carefully discuss any questions you may have with your clinician.

The Ulthera System delivers a low amount of focused ultrasound energy to the skin. The heat from the ultrasound stimulates new collagen to form. I understand that there can be discomfort during the treatment when the ultrasound is being delivered. I’ve discussed with my clinician the options available to me to optimize my comfort during the procedure. One option for pain management may include lidocaine injections. Possible side effects of lidocaine injections may include swelling and bruising.

Immediately following Ultherapy®, the skin may appear red for a few hours. It is not uncommon to experience slight swelling for a few days following the procedure or tingling/tenderness to the touch for days to weeks following the procedure, but these are mild and temporary in nature.

Occasional temporary side effects may include bruising or welts, which usually resolve within 7-10 days, or numbness in a select area, which usually resolve in days to weeks.

As with any medical procedure, there are possible risks associated with the treatment. There is a remote risk of a burn that may or may not lead to scarring (either of which will respond to medical care), or temporary nerve inflammation, which will resolve in a matter of days to weeks. Temporary local muscle weakness may result after treatment due to inflammation of a motor nerve. Temporary numbness may result after treatment due to inflammation of a sensory nerve.

It has been explained to me that the 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 results will unfold over the course of 2-3 months and that some patients may benefit from more than one treatment. I also understand that a non-invasive Ultherapy® treatment is not intended to produce the same results as an invasive surgical procedure.**

* I have read and understand the information provided.
* I have had my procedure adequately explained to me.
* I have had the opportunity to ask questions and all of my questions were answered to my satisfaction.
* I have received all of the information I desired concerning my procedures.
* I consent to photographs being taken of the treatment area.
* I consent to my photos being used at the discretion of the office.
* I understand post-procedure recommendations and agree to adhere to them.
* I freely assume any risks of complication or injury from known or unknown cause associated with, related to or otherwise arising out of this procedure at any time.
* I will notify my clinician if my medical history changes prior to subsequent treatments.
* I am a competent and consenting adult of at least 18 years of age.
* I understand that this is a cosmetic procedure and payment is my responsibility.

I consent and authorize Bambi Scruggs to perform the Ultherapy® procedure on

(area to be treated).

Patient Signature Date

Patient Name Witness Signature