CONSENT-EMATRIX

Consent- eMatrix:

Consent- eMatrix INFORMED CONSENT INTRODUCTION

Thank you for choosing Advanced Dermatology for your cosmetic skincare treatments. We value the opportunity to consult you on your aesthetic concerns and desires in the effort to promote healthy youthful skin.

Cosmetic treatments (injectable and laser, light or other energy-based therapy) are procedures that have both benefits and risks that need to be considered. A series of documents called Informed Consents have been prepared for you by Advanced Dermatology, LLC to help you make an informed decision. Informed Consent documents are used to communicate information about treatments, along with disclosure of risk and alternative treatment(s). It is important that you read these documents carefully and completely. Only when you have no questions or concerns do you initial each page, indicating that you have read and fully understand all the items it discusses. When you arrive at the end of the document, please sign the consent for the procedure. If you have any remaining questions or concerns, do not sign the consent until getting these questions answered by Dr. Taub, one of her staff members or Advanced Dermatology's Cosmetic Coordinator at 847-459-6400.

FINANCIAL RESPONSIBILTY: All cosmetic, injectable and laser, light or other energy-based treatments are considered a cosmetic procedure and therefore not covered by insurance. We will not submit these treatments to your insurance and require that you pay at the time of service. You will receive Financial Protocols for each treatment that is recommended for you that are valid for 90 days from the date of our recommendation. Should the price change after 90 days you would be responsible for any increase in cost.

WHO WILL PERFORM MY TREATMENTS: We have a variety of highly skilled providers for each of our services. Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. all perform cosmetic treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 20 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

DISCLAIMER: What your Physician, Physician Assistant, Laser Provider, Esthetician, Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

EMATRIX: INFORMED CONSENT BOOKLET

INTRODUCTION: eMatrix by Syneron combines 915nm diode laser with bipolar radiofrequency for a non-ablative

treatment to heat the deeper layers of the skin, activates fibroblasts signaling collagen to remodel and form new collagen. This may result in reduction of nasolabial folds, marionette lines, perioral wrinkles, crow's feet, forehead lines and scars. eMatrix by Syneron is an ablative fractional device utilizing bipolar radiofrequency. Each treatment pulse delivers a grid of matrix spots leaving the surrounding tissue untreated as a reservoir to promote rapid healing and reduce post-operative wound care. The depth of ablation and degree of skin resurfacing is customized to each patient's needs, resulting in improved skin texture, smoothness, skin laxity, reduction of fine lines and wrinkles. The treatment also activates fibroblasts signaling collagen to remodel and form new collagen cells. The benefit of Matrix IR is to improve fine lines and wrinkles of the face without invasive treatments such as surgery and without downtime. The benefit of eMatrix is to improve overall skin texture, fine lines, and wrinkles, skin laxity, and scarring with minimal downtime. These procedures may be combined.

ALTERNATIVE TREATMENT: Alternatives to eMatrix are wrinkle relaxers (botulinum toxins); injectable fillers, carbon dioxide fractional resurfacing; Fraxel; chemical peels; dermabrasion; collagen induction therapy or microneedling; surgery, camouflage and cosmeceutical skincare.

WHO IS A GOOD CANDIDATE: Anyone who is looking to improve the texture of the skin and reduce the appearance of fine lines and wrinkles, skin laxity, acne and other scarring that could be expected to improve with these treatments and that understands the risks, costs and time necessary to achieve the full benefit of the procedure and who has realistic expectations of the ultimate outcome.

WHO IS NOT A GOOD CANDIDATE: You should not have treatment if you are pregnant, have been on Isotretinoin (Accutane) within the past 6 months, if you have a pacemaker or internal defibrillator. Please advise us prior to treatment if you have any metal or titanium implants. Patients with a history of HSV (cold sores) may have a flare after a treatment can be treated with prophylactic medication.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved in Matrix IR and eMatrix.

DISCOMFORT: The discomfort with the Matrix IR device may be described as a "hot pinch," like someone snapping an elastic band on your skin. If you want to take pain medication, you may take 400 mg of acetaminophen (Tylenol) and/or 600 mg of ibuprofen (Advil) 1 hour before the treatment begins. The discomfort with the eMatrix device may be described as a deep heating of the skin. We will apply topical anesthetic to the area to be treated 30 min prior to treatment as the treatment may be uncomfortable but tolerable. Regardless, the discomfort is usually experienced during the procedure itself and you should not be in any pain when you leave.

REDNESS, BLANCHING, AND SWELLING: Short-term immediate risks include redness at the area being treated, although usually this dissipates within 1-2 hours post Matrix IR and 1-3 days post eMatrix. Heat and tingling sensations may occur up to a few hours after the treatment, but normally do not last longer. If discomfort persists, cool or cold compress (but not ice packs) may be applied. Swelling can also occur and could last for 3-7 days. In some rare instances, swelling and/or redness have lasted several weeks. You may bring make-up and apply it immediately after the Matrix IR procedure if you desire. You may apply make-up to the treated area 24 hours after the eMatrix procedure.

BRUISING: Bruising is extremely uncommon, although the risk increases if you take aspirin products or are on blood thinners. Bruises are temporary and resolve in 1-2 weeks.

SKIN WOUND, INFECTION, AND SCARRING: An open or closed skin wound may occur. Any unexpected wound, pain, redness or pus should be reported to your treatment provider promptly and may need additional treatment. Skin wounds may lead to permanent scarring, even if treated. Infection is possible with inflammation, heating or opening of the skin. Infections may lead to permanent scarring, even if treated.

HYPOPIGMENTATION AND HYPERPIGMENTATION: Changes in the pigmentation (too little or too much) of the skin may occur after treatment. Any change in color of the skin that is not expected should be reported to your treatment provider and may need additional treatment. Pigmentation changes may become permanent, even with additional treatment.

EYE DAMAGE: All lasers are dangerous to the eye. Proper eye protection is required and will be provided with all laser

treatments. Failure to use proper eye protection can lead to permanent eye damage, including blindness.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: Improvement in fine lines, wrinkles, skin texture, skin laxity, acne scarring, and other scarring will be seen through a series of 3 treatments scheduled one month apart. Although in some patients the results from a treatment are seen immediately, in most patients they will appear gradually over two to six months on average. Maintenance is recommended 1-2 times per year depending on new damage, wrinkles and laxity that develops over time.

PATIENT SATISFACTION: Most of our patients/clients have been happy with their results, although results are variable and we cannot provide you with any guarantee of your results.

POST TREATMENT CARE: Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may result in sub-optimal results or side effects such as listed above.

Do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

CONSENT FOR PROCEDURE
I have read all pages contained in this document and hereby authorize the following provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. to perform the following procedure: EMATRIX

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photographic use for medical, scientific, and/or educational purposes for the appropriate portions of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE PROCEDURE TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

I consent to the procedure and the above listed items. I am satisfied with the explanation.
My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.