CONSENT- SILHOUETTE INSTALIFT

Consent- Silhouette Instalift:

Silhouette Instalift Consent 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, David Rosen, 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.

This is an informed consent document that has been prepared to help you concerning Silhouette Lift Sutures and its risks. It is important that you read this information carefully and completely. Initial each page and sign the final pages.

SILHOUETTE INSTALIFT INFORMED CONSENT

RISKS OF SILHOUETTE LIFT:

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of your surgery.

1. DISCOMFORT
Some discomfort may be experienced during treatment. I give permission for the administration of the anesthesia when deemed appropriate by the physician.

2. SCARRING
Silhouette Lift is inserted through small puncture wounds, which may take a few days to heal. Small scars, although unusual, may occur at the puncture site(s).

3. BRUISING, SWELLING, INFECTION
With any surgery, bruising of the treated area may occur. Additionally, there may be swelling noted. Finally, skin infection is a possibility any time a skin procedure is performed.

4. BLEEDING
It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require treatment to drain accumulated blood (Hematoma). Do not take any aspirin or anti-inflammatory medications for ten (10) days before surgery, as this may contribute to a greater risk of bleeding.

5. DAMAGE TO DEEPER STRUCTURES
Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to the location on the body the surgery is being performed. Injury to deeper structures may be temporary or permanent.

6. ALLERGIC REACTIONS
In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

7. SURGICAL ANESTHESIA
Both local and general anesthesia can involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

8. PIGMENT CHANGES (SKIN COLOR)
During the healing process, there is a possibility of the treatment area either becoming lighter or darker in color than the surrounding skin. This is usually temporary, but on rare occasions, may be permanent. Appropriate sun protection is very important.

9. PARTIAL LAXITY CORRECTION
Silhouette Lift will give some improvement in laxity, it will not correct all your facial laxity.

10. DELAY HEALING
Complications may ensue as a result of smoking, drinking liquids through a straw, or similar motions. Because of this, smoking and similar actions are STRONGLY discouraged.

11. CONTRAINDICATIONS
Any know allergy or foreign body sensitivities to plastic biomaterials.

12. OTHER
Slight asymmetry, redness, visible thread(s) may require additional treatment and or the removal of the threads.

ADDITIONAL SURGERY MAY BE NECESSARY:

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. If complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with Silhouette Lift. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

REGARDING POSSIBLE RISKS IN SILHOUETTE LIFT SURGERY:

With any surgery there are certain risks, which must be undertaken. The following are some of the possible complications that may result from this type of surgery, which may be beyond the doctor's control. Please read, initial, and sign below as required.

I understand that no warranty or guarantee has been made to me as to result or cure. I realize that. as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment or surgery, and could also result in economic loss to me because of my inability to return to activity as soon as anticipated.

I understand that my surgeon may discover other or different conditions, which require additional or different procedures than those planned. I authorize surgeon and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand that common to all surgical procedures is the potential for infection, swelling, bleeding, bruising, pain, allergic reaction and even death.

I understand that my cheeks or jowls may not achieve the desired improvement that was anticipated.

I understand that surgery may damage nerves and result in temporary or permanent loss of sensation as well as motor nerves that can lead to paralysis of the muscles.

I understand that there no external incisions except where the sutures are tied in the hairline, scalp or neck. The location of these incisions has been described to me.

I understand that sutures may extrude, and may have to be trimmed or removed in the future.

I understand that the results may relax over time and additional surgery may be required.

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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, and Monika Kaniszewska, MD to perform the following procedure: Silhouette InstaList

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