advanced DERMATOLOGY

CONSENT-PANG

Consent:

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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.

THE PAN G™ LIFT: A Non-Surgical Face Lift: INFORMED CONSENT BOOKLET

INTRODUCTION: The Pan G™ lift is a non-invasive, no recovery required, office-based, non-surgical approach to face-lifting. The Pan G™ lift has three components that are called the MyoFacial™, the SonoPeel™, and the SonoFacial™. The Myofacial™ uses proprietary electrical hypertrophy treatments to stimulate the small muscles of the face that lift the face and create youthful volume. The SonoPeel™ uses ultrasonic energy and gentle cavitation to remove the scaly outer layer of the skin, called the stratum corneum, creating a water-based micro-dermabrasion. The SonoFacial™ uses electrical current and ultrasonic energy to propel skincare products deep into the skin where collagen and elastic tissue can be repaired. The Pan G™ lift process involves 20 one-hour treatments, twice weekly for 10 weeks. You should think of this as having a personal trainer for your face and neck.

ALTERNATIVE TREATMENT: Alternative forms of treatment include all other forms of facial rejuvenation, including, but not limited to, camouflage makeup, laser treatments, chemical peels, tissue tightening, physician prescribed skincare products and cosmetic plastic surgery.

WHO IS A GOOD CANDIDATE: Candidates include all those individuals with aging signs of the face, including droopiness of the brow, cheeks, jowls, and neck without the risks associated with a surgical facelift.

WHO IS NOT A GOOD CANDIDATE: You are not a candidate for this procedure if you are pregnant, have a history of blood clots, stroke, deep vein thrombosis, TIA (transient ischematic attacks) or any neurologic impairment, if you have any metal implants of any type, or have a cardiac pacemakers. Anyone who has a nickel allergy is NOT a candidate for the SonoPeel™.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved in the Pan G™ lift.

DISCOMFORT: Some patients do experience mild to moderate, but tolerable, discomfort during therapy. Those patients with dental work may find the Myofacial™ uncomfortable and may want to purchase a mouth guard to reduce the sensation.

BRUISING AND PIGMENTATION CHANGES: Bruising is exceedingly uncommon following a Pan G™ lift treatment, but can occur. There is an increased risk for this if you take aspirin, vitamin E, fish oil or other blood thinning agents.

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.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: The average initial Pan G™ lift treatment program calls for 20 sessions over 10 weeks. If the Pan G™ program is not followed according to protocol, 2 treatments a week for 10 weeks, then the desired results may not be achieved. The response of aging facial changes to treatments varies between patients and some individuals require treatment extensions (at additional cost to the patient), to obtain the desired facial rejuvenation. Improvements you achieve through the Pan G™ lift will not be permanent and maintenance sessions will be required every 4-6 weeks to maintain your facial shape and enhanced skin tone.

PATIENT SATISFACTION: Most patients/clients report a significant improvement in the appearance of their face. However, results vary between patients and we cannot guarantee that you will be completely satisfied with your improvement.

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: **THE PAN G™ LIFT**

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.