



CONSENT-TRUSCULPT FLEX

Consent- truSculpt flex:

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INTRODUCTION

This document is designed to provide education about the TORC treatment and explain to you the benefits and risks of the truSculpt flex procedure.

truSculpt flex is an FDA-approved device that delivers electrical currents that mimic the body's own natural impulses to communicate to the muscles, results in strong muscle contractions. truSculpt flex uses several proprietary waveforms for strong yet comfortable contraction and relaxation of the muscles. The waveforms cause strong contractions and relaxation of muscles to stimulate metabolism and blood flow.

TruSculpt flex is indicated to be used for:

- Improvement of abdominal tone
- Strengthening of abdominal muscles
- Development of firmer abdomen
- Strengthening, toning and firming buttocks and thighs

Alternative treatments: Alternatives for the truSculpt iD treatment include other muscle stimulating treatments (Pan G therapy), other tissue tightening devices not in use at our facility and surgery (facelift/browlift/eyelid/body surgery).

truSculpt flex pads should not be applied:

- Over or in proximity to cancerous regions
- Over or in proximity to injured muscles, recent surgery scars, or skin which lack normal sensation
- Transthoracically in any mode
- Transcerebrally
- Over the carotid sinus nerves, particularly on a patient with a known sensitivity to carotid sinus reflex

Contraindications to Treatment: The following people should NOT have a truSculpt flex treatment: those who have-

- Metal implant in the face or body
 - Cardiac Pacemakers
 - Epilepsy, Paralysis or Parkinson's disease
 - Myocardial arrhythmia (irregular heart beat) or other heart condition(s)
- Infection, swelling, inflammation, wound or skin eruptions at the treatment site(s) (e.g. phlebitis, thrombophlebitis, varicose veins, etc.)
- Recent surgical procedures, hemorrhage, fracture, or acute trauma
 - Stomach, liver, kidney, and/or gastrointestinal problems
 - Autoimmune disease
- Pregnancy
- Allergy to metal or adhesive

Risks of Treatment: Although the majority of patients do not experience these complications, it is important that you understand the risks involved in truSculpt flex :

- Discomfort: There are varied levels of discomfort during truSculpt iD . Intensity levels can be turned down or adjusted for your comfort level.

- Localized skin reactions: Allergic skin reaction, hypersensitivity reaction, redness in the treatment area, and irritation.
 - Possible increased heart rate

Results & Patient Satisfaction: truSculpt flex can be paired with other body contouring devices for optimal results, if applicable.

You may expect to see: Increase in strength, tone and definition of the muscle within the treatment area. The duration of improvement with truSculpt iD varies between patients. Results usually need to be maintained with maintenance treatments, along with proper diet and exercise. 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.

Financial Responsibility: The treatments discussed in this document are cosmetic in nature and are not covered by insurance policies. Payment is required at the time of service, and in some cases, prior to service. You will receive a written quote for each treatment that is recommended for you that is valid for 90 days. Should the price change after 90 days you would be responsible for any increase in cost. If there are changes in the plan during the treatment you will be required to pay for any additional care. We do offer a line of credit financed through a financial services company.

Treatment Providers: 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 30 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, Licensed Esthetician, Licensed 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.

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.

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: **truSculpt flex**

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

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.