



SILHOUETTE LIFT - CONSENT

RISKS RELATING TO THE TREATMENT

There are a number of potential risks that you should be aware of prior to being treated with Silhouette Lift.

While cosmetic treatments such as Silhouette Lift are effective in most cases, there is a risk that it won't be effective in your case or that the outcome will not be what you hoped for. Failing to achieve the outcome you hoped for or experiencing side effects may have a psychological impact as well as a physical one.

As with other similar treatments there are a number of possible side effects associated with Silhouette Lift. These side effects are listed in the Silhouette Lift brochure which you should read in full. These side effects include but are not limited to:

- Treatment related reactions, e.g. swelling, redness, pain, itching, discoloration or tenderness where the threads are placed. These reactions usually resolve spontaneously within several days after the treatment;
- After the treatment there can be puckering/irregularity of the skin which will resolve spontaneously within several days after the treatment
- Adverse reactions to the implant material (bioresorbable suture threads) e.g. hypersensitivity reactions, allergic reactions, asymmetry, banding, dimpling, inflammation, infection, excessive bruising (hematoma), accumulation of fluid, inadequate healing, damage to deeper structures, sensory nerve injury, skin discoloration, localised circulation problems, blood clots or obstructions in blood supply or abscess formation at the implant site which may in turn result in hardening and/or scar formation;
- The formation of nodules (lumps) or granulomas (a collection of inflamed cells) which may require removal or other treatment;
- Other adverse reactions to those mentioned above, could occur.

POTENTIAL USE OF ANESTHETIC

An anesthetic may be used to cause temporary numbness and loss of feeling to the treated area. Some side effects may occur with Lidocaine, the nature and severity of which cannot be foreseen. Such side effects include but are not limited to: flushing or redness of the skin, itchy skin, small red or purple spots on the skin and unusually warm skin. Some less common side effects include but are not limited to: bruising, bleeding, burning, swelling, pain, anaphylaxis or allergic reaction.

CONSENT

The use of the Silhouette Lift treatment I will be treated with has been explained to me by the physician and I have been given sufficient opportunity to raise any questions and/or concerns, which I confirm have been satisfactorily addressed. I also confirm that I understand the general nature of the proposed treatment, the prospects of success and the possible risks and benefits of such a treatment as well as the alternatives and have read and understood this form and the Silhouette Lift brochure. I hereby declare that I have answered all questions about my health and any medical conditions affecting me accurately. I can confirm that I am in a healthy physical and mental state to proceed with the treatment and that I am a suitable candidate to undergo the procedure. I fully accept that my request for this treatment is voluntary, that I can change my mind at any point and will inform the physician immediately should I want the treatment to stop at any point. I understand that the purpose of the treatment is to improve appearance and, there is a possibility that results will not meet my expectations.

It has been explained that the results of the treatment are not permanent and I also understand that the treatment may affect me differently and that the results could last for a longer or shorter period than the norm.

I understand that I should not have any Silhouette Lift treatment if I have: any known allergy or foreign-body sensitivities to plastic biomaterial or permanent fillers, acute or chronic skin diseases, autoimmune diseases, sepsis or infection, or if I am unwilling to follow the post treatment guidance that has been provided.

I understand that I should not have any Silhouette Lift treatment if I am pregnant, breastfeeding and/or under the age of 18 and confirm that I am not pregnant, breastfeeding nor under the age of 18.

Patient: By signing this consent form, I confirm that I have read and understood the information contained in this form and the consultation with the physician, agree with all of the statements set out above in this Section 3 and consent to the Silhouette Lift treatment (and if applicable) the use of anesthetic cream or injected anesthetic products during the treatment. I accept that any treatment I have is at my own risk and I understand that if I fail to disclose information requested by this form that this may result in an adverse side effect for which I accept full liability and responsibility.

Patient Name: _____ Patient Signature: _____

Date: _____

Physician: I hereby certify that I have undertaken a detailed consultation with the patient and explained the benefits and risks associated with the treatment as well as alternative treatments. I have answered any questions the patient has raised regarding the treatment and believe the patient fully understands the information he or she has been given. I have also reviewed the patient's expectations and advised the patient on the expected result of the treatment. To the best of my knowledge, based on the information provided by the patient and the detailed consultation I have undertaken there are no reasons why this patient should not be treated with Silhouette Lift.

Physician Name: _____ Physician Signature: _____

Physician Title: _____ Date: _____

WHAT TO DO FOLLOWING TREATMENT

Apply cold packs immediately after procedure if required (cold packs should be wrapped to avoid direct contact with skin and insertion point). Take analgesia e.g. paracetamol in case of pain. Refrain from applying make-up for as long as possible (minimum 24 hours). Sleep face up, in an elevated position for 3-5 nights. Wash, shave and dry face gently without rubbing or massaging (5 days). Avoid excessive face and neck movements (2 weeks). Avoid over-exposure to direct sunlight and do not use tanning beds (2 weeks). Avoid high impact sports e.g. running (2 weeks). Do not use saunas and hot tubs (3 weeks). Avoid dental surgery (3 weeks). Avoid face and neck massages and facial aesthetic treatments (4 weeks).