

Below are samples of informed consent form and treatment forms for regular patients or for volunteer patients for training. Inmode provides these forms for demonstration only and does not accept any liability for their contents. It is essential that each clinic customize the consent forms according to the treatment procedure, local specific regulatory requirements and language.

INMODE SAMPLE INFORMED CONSENT
 For Volunteer patients, In service-training
 DIOLAZE XL DUO DARK DUO LIGHT

PATIENT NAME _____
 TREATMENT SITES _____
 I DULY AUTHORIZE _____ TO PERSON _____
 TREATMENT.

Pre-Treatment questions:

- I have updated medical history and medications? yes no
- I have ceased use of photosensitising medications yes no
- I have stopped using topical Retinol for 7 days prior yes no
- I have avoided taking anticoagulants for 7-10 days (if suitable to do so) yes no
- I have NOT had recent UV exposure to the treatment area yes no
- I have not used self-tanner/ spray tan for 10 – 14 days yes no
- I suffer from cold sores and have started taking medication for prophylaxis as advised yes no
- I have removed dense hairs from the treatment area if required (clean razor) yes no
- I have not waxed, tweezed or had threading in the past 4 weeks yes no

Post care information:

- ___ Avoid heat inducing activities for 24-48 hours post treatment
- ___ All mechanical and thermal exposure to the treated area must be avoided.
- ___ Avoid unprotected UV exposure If an exposed area is treated, sun block should be used routinely for a minimum 3 weeks following the treatment.
- ___ Avoid deodorant and perfumed creams on the treatment area for 24 – 48 hours
- ___ Avoid self-tan and tanning creams for 24-48 hours
- ___ Erythema (redness) is expected for 2- 24 hours
- ___ Mild to moderate edema (swelling) and a mild to moderate sunburn sensation (lasting 1-3 days



___ Peri follicular inflammation is normal post hair removal treatment with the Triton (this is desirable and will subside within 2 – 24 hours

___ Bland skin care should be used post treatment, apply recommended skin care for 1-3 days

___ Do not exfoliate the area for 5-7 days, shaving and is permitted, do not wax or tweeze hairs that are being treated (HR)

The Diolaze is a non invasive technology that utilises Diode laser for hair removal with the highest speed, the best cooling system and varying Wavelengths (755/810/1064)

Please initial the following:

___ I have had the hair growth cycle explained to me and understand more then one treatment is required to get desired results

___ I understand that different hair colours and skin colours will respond differently to laser

___ I understand that not all of my hairs will be treated, and the treatment is not permanent

___ I understand the lifestyle factors, hormones, pregnancy may affect my results

___ I understand that I am required to comply with the treatment schedule otherwise my results may be compromised

___ I understand the expected side effects outlined above (Peri follicular inflammation) redness and swelling around the hair follicle

___ Adverse effects: are not common and will be managed by the clinic accordingly, complications such as : Burns, blisters, pigmentation changes (hyper/hypo pigmentation), follicle infection or very seldom Paradoxical effects (hair growth)

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to the taking of photographs and authorise their anonymous use for the purposes of medical audit, education and promotion. yes no

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature _____

Date _____

Witness _____