

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
EVOLVE

TRIM TITE TONE

I _____ request and authorise _____ or designated person to perform a procedure on me known as EVOLVE (trim, tite, tone) for cosmetic purposes.

Pre-Treatment questions:

- I have updated medical history and medications? yes no
- I do not have a pacemaker or internal defibrillator yes no
- I do not have Superficial implants, such as metal plates, screws and metal piercing yes no
- I have ceased use of photosensitising medications yes no
- I have avoided taking anticoagulants for 7-10 days (if suitable to do so) yes no
- I not undertaken any major or minor surgical procedures in the past 3 months yes no
- I suffer from poorly controlled endocrine disorders yes no
- I suffer from active conditions in the treatment area (sores/psoriasis/eczema/rash) yes no
- I have a history of keloids, abnormal wound healing, dry fragile skin yes no
- I have removed excessive body hair in the treatment area (if previously discussed) yes no

Post care information:

I understand the following to the best of my ability and agree to the following post care recommendations explained to me by my provider. (please initial)

___ Avoid very hot water and direct heat exposure for 24 – 48 hours post treatment

___ avoid scrubbing and scratching the treatment area for 24-48 hours

___ Moisturise can be applied to the skin surface

I understand that the device being used for skin improvement, muscle tone or cellulite treatment, of which I am consenting to be a patient receiving _____ treatment (specify procedure).

___ I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.



EVOLVE is a non-invasive all in one 3T system allowing procedures to be customised to the needs of the individual. TRIM offers 6 hands free applicators that use suction and radio frequency heating to deliver a uniform thermal effect to the deepest layers of the subcutaneous fat to provide maximum treatment. TITE is step 2 using 8 hands free applicators to deliver uniform and volumetric heating to the skin and sub dermal layer to provide customised pain free tightening on the body. TONE works by emitting electrical impulse to stimulate involuntary muscle contraction, targeting a specific target group to increase muscle strength.

___ I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.

___ I am aware of the post care instructions provided

___ I understand that side effects such as erythema (redness), edema (swelling) vacuum bruising (from trim) are expected and are temporary

___ Complications are rare and in the event of an adverse response the clinic/practice will address the situation accordingly

please contact the clinic for advice. (these are rare, in most cases temporary)

- Discomfort or pain, excessive redness and or swelling, scarring or blisters
- Damage to natural skin texture, change of pigmentation (hyper or hypopigmentation)
- Muscle spasms (post EMS/TENS) TONE applicator

___ I understand that the treatment involves approx. 3-6 weekly sessions (or as directed)

___ I understanding the results are according to treatment parameters and individual response. I understand that I have to comply with treatment schedule, otherwise results may be compromised.

___ I understand that not everyone is a candidate for this treatment and results may vary, therefore there is no guarantee as to the result that may be obtained

___ I understand that treatment with this system involves a series of treatments, I understand maintenance treatments may be required to maintain results

___ I understand that this is not a weight loss treatment and balanced diet and exercise to maintain ones health is recommended

___ The call button purpose has been explained to me and I agree to use it if I experience discomfort or excessive heat throughout the procedure.

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 final 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 _____