EVOLVE X TITE SAMPLE INFORMED CONSENT FORM

Below is a sample informed consent form for Tite. InMode provides this form for demonstration only and does not accept any liability for their contents. It is essential each clinic customise the forms according to the treatment procedure, local specific regulatory requirements, and language.

TITE is a non-invasive technology that uses Radio Frequency at levels to stimulate collagen regeneration and replenishment for skin tightening on areas of the body. I agree to answer the following questions honestly.

PRETREATMENT QUESTIONS: (Please check YES or NO to the following questions)

	YES	NO		YES	NO
1. Have you completed/ updated your			4. Do you have any known allergies?		
medical history form?			5. Have you undergone recent surgery?		
2. Are you taking any new medication?			6. Do you have any tattoos in the treatment area?		
3. Do you have any underlying hormonal conditions that affect weight?			 Do you have any metal pins or plates in the treatment area? 		

TREATMENT

Tite treatment time ranges from 30-45 minutes (please note this will depend on the treatment area). Your skin will be cleaned to remove any excess product, ready for treatment. Body hair will be removed and is recommended to be shaved x 1 day prior to treatment.

During the Tite treatment you will experience warmth on the treatment area for a few seconds the temperature will increase throughout the treatment however should remain comfortable.

POST TREATMENT

I understand post treatment I may experience some side effects and the following has been explained to me.

- 1. Erythema (redness) is expected for up to 1 hour.
- 2. Mild edema (swelling).
- 3. Complications are uncommon and will be managed according by your provider, potential complications are: PIHP (post inflammatory hyper or hypo pigmentation) bruising.
- » I understand Tite is recommended as a course of treatments for best results and understand that a single treatment may not achieve the results, I desire long term. I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications.
- » 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.

Practitioner Name:	Signature:	Date:
Patient Name:	Signature:	Date: