

Patient Name:

EVOLVE X / EMPOWER TONE

SAMPLE INFORMED CONSENT FORM

Below is a sample informed consent form for Tone. 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.

TONE is a non-invasive technology that uses EMS (electrical muscle stimulation) to create an involuntary muscle contraction to build lean muscle on the body or treat Diastasis Recti (abdominal separation). I agree to answer the following questions honestly.

PRETREATMENT QUESTIONS: (Pleas	se che	ck YE	So	r NO to the following questions)		
	YES	NO			YES	NO
 Have you completed/ updated your medical history form? 			5.	Have you undergone recent surgery?		
			6.	Have you been diagnosed with Diastasis Recti?		
2. Are you taking any new medication?				(Abdominal separation)		_
3. Do you have any underlying hormonal conditions that affect weight?				Do you have any tattoos in the treatment area? Do you have any metal pins or plates in		
4. Do you have any known allergies?			ο.	the treatment area?		
TREATMENT						
Tone treatment time ranges from 30-45 minutes (pleas any excess product, ready for treatment. Body hair will						move
During the transform treatment you will experience at The EMS will start low and be increased as tolerated, more obvious on those with low body fat).						
POST TREATMENT						
I understand post treatment I may experience som	e side	effect	s an	nd 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 manage inflammatory hyper or hypo pigmentation) bruisin		rding b	ру у	our provider, potential complications are: PIHP (pos	st	
» I understand Tone is recommended as a course of t the results, I desire long term. I certify that I have b outcomes and possible complications.				est results and understand that a single treatment made of the nature and purpose of the procedure, expe		achieve
» I am fully aware that my condition is of cosmetic co do so. I confirm that I have informed the staff regar				ne decision to proceed is based solely on my express or past medical condition, disease or medication tak		ire to
» I consent to the taking of photographs and authorise YES NO	their a	anonyn	nous	s use for the purposes of medical audit, education and	d promo	otion.
» I certify that I have been given the opportunity to ask	questi	ons and	d tha	at I have read and fully understand the contents of this	consen	nt form
Practitioner Name:		Sig	nati	ure: Date:		

Signature: