

EVOLVE X TRANSFORM

SAMPLE INFORMED CONSENT FORM

Below is a sample informed consent form for Transform. 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.

TRANSFORM 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) and Radio Frequency at levels recommended to destroy fat cells while tightening the skin. I agree to answer the following questions honestly.

PRETREATMENT QUESTIONS: (Plea	se che	ck YE	S or NO to the following questions,			
	YES	NO		,	YES	NO
Have you completed/ updated your medical history form?			5. Have you undergone recent surgery?			
2. Are you taking any new medication?			Have you been diagnosed with Diast (Abdominal separation)	asis Recti?		
3. Do you have any underlying hormonal conditions that affect weight?			7. Do you have any tattoos in the treatr			
4. Do you have any known allergies?			8. Do you have any metal pins or plates the treatment area?	in		
TREATMENT						
Transform treatment time ranges from 30-45 minutes remove any excess product, ready for treatment. Body						
During the transform treatment you will experience contraction from the Electrical Muscle Stimulation. I see a visible muscle contraction during the treatmen	warmtl Γhe EM	h for a S will s	few seconds from the Radio Frequency a tart low and be increased as tolerated, p	nd an involunta lease note we [ary m	uscle
POST TREATMENT						
I understand post treatment I may experience son	ne side	effect	s 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 manage inflammatory hyper or hypo pigmentation) bruising		ording b	by your provider, potential complications	are: PIHP (post		
» I understand Transform is recommended as a cour achieve the results, I desire long term. I certify that outcomes and possible complications.				-		
» I am fully aware that my condition is of cosmetic codo so. I confirm that I have informed the staff rega						re to
» I consent to the taking of photographs and authorise YES NO	e their a	anonym	nous use for the purposes of medical audit,	education and	promo	otion.
» I certify that I have been given the opportunity to ask	(questi	ons and	d that I have read and fully understand the co	ontents of this c	onsen	t form
Practitioner Name:		Sig	nature:	Date:		
Patient Name:		Sig	nature:	Date:		