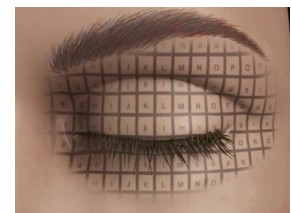


Informed Consent Form for Thermage Eye

Trend Name: MINTSKIN

The producers of Thermage for eyes and how it works?眼部热玛吉操作步骤和是如何起作用的

To protect the surface layers of skin and make the treatment more comfortable. Thermage begins by wearing ocular shields and dropping eye anaesthesia, then placing the treatment tip directly onto the already gridded skin. 为了保护眼部健康，眼部热玛吉以滴眼部麻药和戴眼盾开始，然后用热玛吉眼部治疗头在已经画上网格的区域操作。



Using the grid as a guide, the radiofrequency energy is then delivered deep into the skin. This heats the targeted areas and stimulates collagen to remodel the skin. Thermage FLX includes an integrated cooling system that cools your skin's surface for enhanced comfort. 使用网格作为引导，射频能量随后被输送到皮肤深处。这会加热目标区域并刺激胶原蛋白重塑皮肤。Thermage FLX 包括一个集成冷却系统，可冷却您的皮肤表面以增强舒适度。

Intended Use of Plastic ocular shields 塑料眼罩的预期用途

The plastic ocular shields are used to protect the eyes when working with a scalpel, electro-cutter or other energy sources requiring protective plastic shields as the metal would be conductive (ex: RF system). The ocular shields are inserted under the eyelids over the globe, and remain in place for the duration of the intervention. 塑料眼罩用于在使用手术刀、电刀或手术刀时保护眼睛或者其他需要塑料保护罩的能源。因为金属会导电（例如：射频系统）。眼罩插入眼球的眼睑下方，并在治疗期间保持在原位。

Necessary of Plastic Ocular Shields眼盾的必要性

During treatment, the upper surface of your skin is protected from heating by using a conductive, cooling fluid. This also helps transmit the RF into the proper layer of skin. During treatment, your eyes are protected with special eye shields that are put in place by a qualified healthcare professional. 在治疗过程中，通过使用冷却液来保护皮肤的上表面免受加热。这也有助于将射频传输到适当的皮肤层。在治疗期间，您的眼睛会受到由合格的医疗保健专业人员佩戴的特殊眼罩的保护。

Potential Risk and side Effects of Plastic Ocular Shields眼盾可能存在的风险和副作用

While Plastic ocular shields are generally safe, there may be potential side effects or adverse reactions, which include but are not limited to: 大部分情况下眼盾是安全的，可能出现包括但不限于以下不良反应

- Feeling of foreign objects 有异物感
- Temporary blurred vision 眼睛暂时模糊视觉
- Temporary eye congestion 暂时的眼部充血
- Temporary redness or minor swelling after treatment 暂时的泛红或者肿胀

Have you had following eye surgery? Please select one 必填单选

- Double Eyelid Surgery 双眼皮手术
- Myopia Surgery 近视手术
- Eyelid Surgery or Blepharoplasty 眼睑整形手术（眼袋手术）
- Medial or Lateral Canthoplasty 内外眼角赘皮切除术
- Eye Tumor Removal Surgery 眼部肿瘤切除手术
- Eye Fillers and Injections 眼部填充和注射
- Eye Injury Repair Surgery 眼部损伤修复手术
- Others, Please list:

No 无

Postoperative Care Instructions of Thermage for eyes 术后注意事项

- Wear contact lenses after 48 hours. 48小时之后戴隐形眼镜
- After a while rest, start driving activities. 需休息片刻后，开始驾驶活动
- Please use eye medications under the guidance of professional medical person
请在专业医疗人员指导下使用眼部药物

*Contraindications: I have read and acknowledge that I do not have any of the following conditions:
禁忌症：我已确认没有以下状况：

- Keratitis, conjunctivitis, eyelid infection 角膜炎、结膜炎、眼睑感染
- Glaucoma or Corneal Degeneration 青光眼或角膜变性
- Trauma, Rash, Steroid Dermatitis in the treatment area 治疗区域有创伤、疹子、激素皮炎
- Any other eye diseases 其他眼部疾病
- Have a history of allergies to any materials or medications associated with Thermage treatment
对任何与热玛吉治疗相关的材料或药物有过敏史

*I understand the following statements regarding the Thermage treatment:
我明白以下关于眼部热玛吉的描述

Efficacy : Because all individuals are different, it is not possible to completely predict who will benefit from the procedure. Some patients will have very noticeable improvement, while others may have little or

no improvement. It is possible that additional treatments may be needed to achieve the desired end result, or that smaller touch-up procedures may be required. Patients will be expected to pay for any subsequent treatments they feel are necessary. 效果：由于每个人的情况不同，因此无法完全预测是否将从该治疗中受益。有些患者会有非常明显的改善，而另一些患者则可能没有改善或很少改善。可能需要额外的处理才能达到所需的最终结果，或者可能需要较小的补救治疗。患者将需要支付他们认为必要的任何后续治疗费用。

I am aware that other unexpected risks or complications may occur and that no guarantees or promises have been made to me concerning the results of the procedure. It has also been explained that during the course of the proposed procedure, unforeseen conditions may be revealed requiring performance of additional procedures. My questions regarding this treatment, its alternatives, its complications and risks have been answered by my therapist or his or her. 我知道可能会发生其他意想不到的风险或并发症，并且我已经被解释过可能得步骤，当不可预见的状况发生需要额外措施，在拟议程序的过程中，可能会出现不可预见的情况，需要执行额外的程序。我的治疗师已经回答了我关于这种治疗方法、替代方案、并发症和风险的问题。

*I have read this form and understand it, and I request the performance of the procedure. 我已经阅读和明白了以上表格，我要求操作该项目。

Patient's Signature: _____ Date: _____

Healthcare Professional's Signature: _____ Date: _____