

You Only Younger

REACTION™ INFORMED CONSENT

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I, _____, understand that I will be injected with one of the

following: Eyes Lips Face Neck Stomach Upper Thigh

Upper Posterior Leg Saddle Bags Love Handles Buttocks

The Reaction™ system is indicated for temporary reduction in the appearance of cellulite, improvement in local blood circulation, and for the relief of minor muscle aches and pain, relief of muscle spasm.

Treatment duration with Reaction™ will last approximately 20-30 minutes, depending on the number of treated areas as well as the size of the area treated.

REALISTIC TREATMENT EXPECTATIONS

1. There will be improvement in cellulite appearance, but not complete elimination. There will be improvement in thigh's circumference. However, the response is individual.
2. The degree of response to the Reaction treatment, and the number of treatment sessions required will vary among patients and will depend on the clinical and physiological condition at the start of the treatment regimen. Some patients respond more than others.
3. The treatment results are temporary and one maintenance treatment session every 3-6 months is recommended to sustain them.
4. A healthy lifestyle (diet and exercise) may help to obtain better results, but is not essential. However, weight gain may have a negative effect on the results
5. Non-ablative gradual improvement of skin texture/laxity without down time or high risk factors, more commonly associated with laser skin resurfacing
6. Superficial acne scarring and enlarged pores may show some improvement by building new collagen in the dermal area.

PATIENTS WHO SHOULD **NOT** BE TREATED

1. Any skin disease in the treatment area
2. Tattoo or permanent makeup in the treatment area
3. History of hip replacement, hip or femur surgery, or other metallic device in the treatment zone

4. Pregnancy and nursing as well as 3-6 months post childbirth or until normal hormonal balance is regained
5. **Cardiac pacemaker, defibrillator, or other implanted electronic/electrical device**
6. Blood coagulopathy or excessive bleeding or bruising
7. History of deep vein thrombosis
8. Use of Accutane within the past 6 months
9. Use of blood thinning medications, whether prescription or over-the-counter (including Coumadin or other prescription blood thinners, corticosteroids, chronic use of NSAIDs, vitamin E, garlic supplements, ginkgo, ginseng, St. John's Wort)
10. Active or recent malignancy (excluding cutaneous basal cell carcinoma or squamous cell carcinoma, provided there is no involvement of the treatment area)
11. Uncontrolled thyroid disease
12. HIV positive
13. Any prior aesthetic or medical surgery affecting the area to be treated (liposuction, subcision), in the 3 months before the treatment
14. Any history of disease which may be stimulated by heat, such as Herpes in the treatment area
15. Any endocrine disorder, such as diabetes
16. Patients who receive Botox injections should avoid any treatment for 2-4 days thereafter
17. Patients who have undergone chemical peels or natural fillers should avoid treatment for at least two (2) weeks before beginning the skin tightening treatment
18. Patients should wait at least 3-6 months after deep chemical peels and laser fillings
19. Patients who had epilation treatments must wait at least 6 weeks before commencing the treatment course

ADVERSE EXPERIENCES

The following adverse effects may be experienced. While these symptoms are rare and temporary, they are to be carefully considered following treatment and prior to continuing the treatment:

1. Discomfort and some areas are more sensitive to vacuum, such as the front of the leg, above the knee and the outside and inside of the thigh and this sensitivity may cause bruising.
2. Excessive skin redness (erythema) and/or mild swelling (edema)
3. Changes in skin texture (crust, blister, burn)
4. Urticaria (hives)
5. Purpura or ecchymosis (bruising)
6. Hematoma
7. Allergic contact dermatitis to the acoustic contact gel
8. It is **not** recommended to treat the abdomen sooner than one hour following a meal.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand there are no refunds on any services rendered. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I release You Only Younger, LLC, medical staff and technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. Note: All prices are subject to change without prior notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Client's Name (Please Print): _____

Client's Signature _____

Date: _____