

You Only Younger

miraDry for Excessive Underarm Sweating 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 am consenting to the miraDry procedure for excessive underarm sweating (Hyperhidrosis of Underarms).

The miraDry procedure is a highly controlled delivery of energy designed to safely and effectively reduce sweating in the underarm area. You will typically see a reduction in underarm sweat immediately after one procedure session; two procedures are typically required to maximize the results and duration. In controlled clinical trials between 70% and 90% of subjects saw a significant reduction in their underarm sweat, and virtually all the subjects achieved some reduction. Patients continued to show a dramatic reduction of sweat when tracked 12 months after the procedure. Like any other medical procedure, results can vary from patient-to-patient, so be advised that large reductions may not occur in every single case.

Risks and discomforts:

The following represent the more common side effects observed within or near the treatment area that can last between a **few days to few weeks** (unless otherwise noted):

1. Swelling in the treated area
2. Temporary altered sensation or tingling in small areas of the treated skin or upper arm (can last for several months)
3. Discomfort, tenderness or pain in the underarm when touched (treatable with non-prescription medications such as ibuprofen)
4. Redness from the device suction
5. Bruising at the numbing injection sites
6. Bumps under the treated skin (can last for several months)
7. Partial underarm hair loss (may be long-lasting)

Less common reports of undesired effects include the following:

1. Swelling in the adjacent arm or torso lasting several weeks
2. Hyperpigmentation (darkening of skin) in the treatment area
3. Soreness in the shoulders or arms due to procedure positioning
4. Numbness or tingling in the arm due to the anesthesia, lasting less than 24 hours
5. Shaking due to epinephrine in the anesthesia, lasting less than 24 hours
6. Tight band in the underarm (gradually resolves)

7. Small blisters or rashes in the treatment area

There have been rare reports of the following:

1. Altered sweating elsewhere on the body
2. Decrease in strength in the arm or fingers that gradually goes away (can last for several months)
3. Pain in the underarm requiring prescription medications
4. Infection/abscess in treatment area
5. Burns in treatment area

IF YOU HAVE A HEART PACEMAKER OR OTHER ELECTRONIC DEVICE IMPLANT, IF YOU USE SUPPLEMENTAL OXYGEN OR HAVE HAD PRIOR PROBLEMS WITH THE LOCAL ANESTHESIA (LIDOCAINE WITH EPINEPHRINE), PLEASE LET US KNOW PRIOR TO YOUR TREATMENT.

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: _____