OptiLIFT BY LUMENIS

GOLDEN EYES OPTOMETRY

Informed Consent Form

OptiLIFT is a non-invasive procedure that utilizes radiofrequency (RF) and dynamic muscle stimulation (DMSt) to gently heat the skin and surrounding tissue while activating various facial muscles through electrical stimulation. Additionally, the OptiLIFT system may include a Fractional applicator that uses radiofrequency (RF) and microneedling for skin ablation and resurfacing.

Treatment Course:
In all cases, your treatment course will be set and defined in accordance to your physician recommendation. The number of treatments typically ranges from 4 to 6, depending on the treatment area and the desired clinical outcome. Treatment sessions are scheduled at least one week apart.

The treatment requires patients to meet a basic inclusion criterion to minimize general risk. Please answer the following questions truthfully to ensure you are a candidate for treatment.

Have you experienced any of the following conditions? (Please indicate if any)

Pacemaker or internal defibrillator and/or any other type of implanted electronics	Yes / No
Metal implants in the treatment area	Yes / No
Pregnancy or nursing	Yes / No
Current or history of cancer, especially skin cancer, or pre-malignant moles.	Yes / No
Impaired immune system due to immunosuppressive diseases such as AIDS and HIV, or use of immunosuppressive medications.	Yes / No
Sever concurrent conditions such as cardiac disorders, uncontrolled diabetes, lupus, uncontrolled seizure disorders.	Yes / No
A history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area.	Yes / No
Any active condition in the treatment area, such as sores, psoriasis, eczema and rash as well as excessively/ freshly tanned skin.	Yes / No
History of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.	Yes / No
Any surgical, invasive, ablative procedure in the treatment area before complete healing.	Yes / No
Insensitivity to heat in the treatment area	Yes / No
Wearing piercing in the treatment area	Yes / No
Face lift, eyelid surgery, skin resurfacing, deep chemical peeling, or deep derma abrasion in the treatment area within three months prior to treatment	Yes / No
Fillers, collagen, fat injections, or other injected bio-material in the treated area within 3 months prior to treatment	Yes / No
Botox in the treated area within 2 weeks prior to treatment	Yes / No
Excessively tanned skin from sun, tanning beds or creams within the last two weeks prior to treatment.	Yes / No
Tattoo or permanent makeup in the treated area	Yes / No
Any medical condition that might impair skin healing.	Yes / No

OptiLIFT
BY LUMENIS

I, the undersigned, commit to notifying any changes in my physical condition. I have been informed of and consent to the treatment plan.

I understand that there are short term effects and a possibility of side effects which may include any of the following: prolonged or significant pain, damage to natural skin texture (blister, burn), erythema, edema, fragile skin bruising, excessive itching, change of pigmentation (hyper-pigmentation or hypopigmentation), scarring transient skin break-out such as acne and pimples.

I confirm that I do not suffer from any of the above-described conditions.

The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered.

I confirm that before and after pictures taken as part of the treatment.

These pictures may be used by Lumenis for marketing purposes with all identifying information is removed.

I confirm that I have read and understand the above information and take the treatment out of my own free will.

I have read the above information, and I give my consent to be treated with the OptiLIFT procedure by

Patient Name	Patient Signature	Date

Physician / Therapist / Practitioner Name	Physician / Therapist / Practitioner Signature	Date

LUMENIS