



I hereby authorize a certified laser technician to treat me using the EXILIS system.

I understand the results may vary from person to person and that an exact result cannot be predicted.

I understand that at least 2 treatments to face and neck, 4 treatments to the body, administered 7-14 days apart, are necessary to maximize treatment efficacy.

I understand that good dietary habits, sufficient intake of water and light physical activity are beneficial and may optimize results.

I understand there are certain risks associated with EXILIS treatments and they include but are not limited to: redness, swelling, tissue tenderness, and dry skin. Although unlikely, adverse effects such as skin burns and blisters may occur.

I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks.

I confirm that I do not have an inserted pacemaker, internal defibrillator, or metal implants. I am not pregnant or breastfeeding.

I have been advised to increase my water intake at least 24 hours before and after treatment. On the day of treatment, I will need to wear comfortable clothing and may have to remove all jewelry. The area(s) to be treated may be marked and oil or gel may be applied. The treatment area(s) will be exposed to various degrees of heat from the EXILIS system. I may experience extreme heat.

I agree to being measured and weighed as this might help in the evaluation of the results of the treatment.

I do consent to photographs being taken to record my progress.

I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure and possible side effects.

I hereby give my consent and authorize and release CSA/OKC Aesthetics and its agents of any claims that I have in the future connection with the described treatment.

X

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Patient Signature and Date