



Fractora Consent Form

Patient name _____

Treatment sites _____

I duly authorize Setty Plastics and Aesthetics to perform the Fractora treatment.

_____ I understand that the Invasix/InMode is a device used for hair removal, skin rejuvenation, fractional skin resurfacing, skin tightening, body contouring or cellulite treatment, of which I am consenting to be a patient receiving treatment.

_____ I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

_____ I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

_____ I understand that treatment with the Invasix/InMode system involves a series of treatments and the fee structure has been fully explained to me.

_____ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

_____ I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

_____ I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

_____ I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results **will** vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.



Fractora Pre-Treatment Instructions

Pre-Care Instructions:

- Avoid the following two weeks prior to Fractora treatments: Electrolysis, waxing, depilatory creams, laser hair removal, sun exposure, medical cosmetic facial treatments, laser therapy, cosmetic fillers, self-tanning lotions or tanning booths, sunbathing. Any patient arriving with a tan or sunburn may be rescheduled due to the sensitivity of the procedure to altered skin color and for the sake of your own safety.
- Avoid the following for one week prior to Fractora treatments: Use of Retin-A or OBAGI products, NSAIDs such as Advil, Motrin, Aleve, aspirin, other anti-inflammatories as these will inhibit successful results.
- Avoid caffeine 24-48 hours prior to your treatment. This will help reduce the skin's sensitivity. Drink 8-10 glasses of water daily to keep your skin hydrated.
- You must stop use of Accutane for at least 6 months prior to treatment.
- Some patients may be required to prep skin with Hydroquinone 4% & Retinol for 2 weeks before treatment and resumed two days after treatment. You will be informed if this is necessary for you.

Please reveal any medical conditions that may be of significance such as **diabetes, pregnancy, cold sore and fever blister tendencies**, any allergy, recent facial peels or surgery, and all current medications (including both prescriptions and over-the-counter products) such as **blood thinners, Accutane**, tetracycline, hormone replacement therapy, or use of Retin-A, or if you have a **Pacemaker or heart condition**.

Areas with dental crowns, caps, braces, or other metal dental implants may be more sensitive to treatment and the clinician may use gauze or a tongue depressor to isolate the area and make the treatment more comfortable.

Post-Care Instructions:

- You may see scabbing or markings for over a week following the procedure. This is normal.
- You may expect a certain degree of discomfort, redness, and/or irritation during and after treatment. If any discomfort or irritation persists past 24 hours, please notify us.
- Do **NOT** pick or scratch treatment area after treatment. Allow and scabbing to shed naturally.
- Avoid scrubbing or exfoliating the treatment area for at least one week after treatment.
- Avoid **ANY** heat to the treatment area for at least three days after treatment. This includes exercise, sun exposure, hot showers or baths, saunas, friction to the area, or any other activity causing sweat.
- Keep skin moisturized and apply minimum of **SPF 30** daily/hourly if outdoors.
- Avoid tanning of any sort and any unnecessary sun exposure for two weeks after your treatment.
- Only use the ZO Post Procedure Kit of products, Avene Thermal Spring Water and Hydrocortizone for one week following your treatment. If you experience a burning sensation, Avene Thermal Spring Water can be used as needed/to comfort to reduce heat.
- Mild swelling may occur for 1-3 days after your treatment. An Ice pack may be used after 24 hours to reduce swelling/discomfort. Redness for 2-3 days is common. Hydrocortisone cream 3-4 times per day to reduce this.
- Makeup can be applied 24 hours after treatment. If you should develop any open sores, alert us and apply over-the-counter antibiotic ointment to those areas 2-3 times daily until healed.