



Informed Consent RF Thermocoagulation Treatment

Name: _____ Date: _____

I authorize _____ to perform the procedure. The radio frequency (RF) treatment may dramatically reduce darkly pigmented sunspots, skin tags, milias, sebaceous hyperplasia, cholesterol deposits, unwanted hair and small spider (telangiectasia) veins. More than one RF session may be necessary to achieve desired results. However, other treatments, including skin care products, are often needed to blend color, reduce sun damage, and give the best results.

The skin treated may be red and swollen with fine, thin scabs. Keep the treated areas covered with Caladryl, Polysporin and/or Bacitracin until the thin scabs fall off. This process can take anywhere from 1-3 weeks to heal completely. It could take as long as 1-3 months in some rare cases. Do not scratch the scabs, as that can cause scarring and prolong the healing time.

You must be off of Accutane for more than 6-months to resume treatment. Individuals using ANTICOAGULANTS should be noted. **The following problems may occur with treatment:**

1. Micro scarring: The RF system can create a bruise and/or a moderate burn or blister to the skin. For an effective treatment, the RF energy may cause the skin to scab up, then the healing time can make the skin red. There is a slight risk of micro scarring.
2. Hyper-pigmentation (browning) and Hypo-pigmentation (whitening) have been noted after treatment, especially with individuals with thin/frail skin and darker complexions (Fitzpatrick IV-V). This usually resolves within weeks, but it can take as long as 1-3 months in some rare cases. Permanent color change is also a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
3. Allergic reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.

4. **Bleeding:** Pinpoint epidermal bleeding is rare but can occur following RF treatment procedures. Should bleeding occur, additional treatments might be necessary.
5. **Infection:** Although infection following RF treatment is unusual, bacterial, fungal, and viral infections can occur if the area is picked or not kept clean. Herpes simplex virus infections around the mouth can occur following a RF treatment. Should any type of skin infection occur, additional treatment including antibiotics might be necessary. If you have a history of herpes simplex virus in the treated area we recommend preventative therapy.
6. **Skin tissue Pathology:** Energy directed at skin lesions may potentially vaporize the lesion. Only clearly benign pigmented lesions can be treated. Check with your dermatologist for clearance for the treatment, if the lesion has changed in color, size, extremely elevated or is painful to the touch.

Wear sunscreen of SPF 25 or higher before and after treatment to protect your skin.

I understand I may need multiple treatments for the desired outcome.

Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo-pigmentation.

Post care observation: Patient/client may need to return to the office in 7-10 days for the RF operator to observe the treatment.

Occasionally, unforeseen problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release the ThermoCLEAR operator, medical director and the treatment facility from all liabilities associated with the above-indicated procedure.

Client/Patient/Guardian Signature _____ Date _____

ThermoClear Technician Signature _____ Date _____

