

JANDALI PLASTIC SURGERY
eMax Radiofrequency/Light Laser Consent Form

I authorize Jandali Plastic Surgery to perform eMax treatments and any other measures which in their opinion may be necessary. I understand that the eMax is a device used for skin rejuvenation (SR handpiece), fine wrinkle treatment and skin tightening (ReFirme/Sublime handpiece), and hair removal (DS handpiece).

I am consenting to be a patient receiving:

- Skin rejuvenation for brown and red spots (SR handpiece)**
- Fine wrinkle treatment and skin tightening (ReFirme/Sublime handpiece)**
- Hair removal (DS handpiece)**

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

I understand that there is a possibility of short-term side effects such as redness, burning sensation, blistering, scabbing, swelling, tightness, bruising, infection, dryness, and discoloration of the skin. I also understand that there is a possibility of long-term or permanent rare side effects such as hypertrophic scarring and permanent discoloration of the skin such as hyperpigmentation (darkening of skin) or hypopigmentation (lightening of skin).

No guarantees can be or have been made concerning expected results. I understand that a series of treatments is necessary to achieve optimum results. I am fully aware that my condition is of a cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have reviewed and signed the consultation package for eMax radiofrequency, light, and diode laser treatments. I am aware of all the contraindications to treatment. I confirm that I have informed the providers regarding any current or past medical condition, disease, or medication taken. I am aware it is my responsibility to inform my provider of any new medical conditions, medications, or concerns at the beginning of each visit.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education, and promotion on website/print advertising materials.

I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. I certify that I have read, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments of the same modality.

- I am not pregnant.
- I do not have a history of hypertrophic or keloid scarring.

- I understand that this consent is valid and active for all future eMax radiofrequency/light laser treatments at Jandali Plastic Surgery by either Dr. Shareef Jandali or one of his designees (RN, NP, or PA).
- I understand that all laser packages expire 2 years after initial purchase date.* If any laser treatments are needed after the 2 year period, a new package or individual treatment must be purchased.

Patient Name (printed):

Patient Signature:

Date: