

Ultherapy™ Patient Consent

In considering an Ultherapy™ treatment with the Ulthera System™, please read the following information carefully and discuss any questions you may have with your physician.

The Ulthera™ System delivers a low amount of focused ultrasound energy to the skin. The heat from the ultrasound stimulates new collagen to form. I understand that there may be some discomfort during the treatment when the ultrasound is being delivered.

As with all medical procedures, there are possible post-procedure effects and risks associated with treatment. Immediately following the Ulthera treatment, the skin may appear red or slightly swollen in select areas, which may last up to two hours or longer.

There may be slight tenderness and tingling in an area for a few hours after treatment.

Unlikely, but potential, *temporary* effects include, but are not limited to, bruising, pigmentation changes or reduced sensitivity to touch. These would be mild in nature and would resolve in a few days or longer. There is also a remote risk of scarring, or motor nerve injury.

It has been explained to me that the results vary from patient to patient, that in infrequent cases results are not apparent, and that the procedure does not address every age-related issue on the surface of the skin.

I have read and understand all information presented to me and authorize the medical practice of _____ to administer the Ultherapy procedure on me.

Signed: _____ Date: _____
(patient)

Witness: _____
(to patient's signature)



Ultherapy™ Photo Release

I consent to the taking of photographs before and after the Ultherapy™ procedure and to confidential review of these photos by my physician and Ulthera Inc. They will not be otherwise used without my specific written consent (below).

I do ___ I do not ___ give permission for my photographs, closely cropped as in examples below, to be used further by the physician or Ulthera for educational purposes.



Signed: _____ Date: _____
(patient)

Witness: _____
(to patient's signature)

Physician Office: _____ Patient # _____

Scan/email, mail or fax this form to:

Ulthera, Inc.

+1-480-619-4071 FAX

+1-480-619-4069 PHONE

consent@ulthera.com

Ultherapy® Consult Record

Patient Name: _____

Date: _____

Medical/Surgical History

Age: _____ Weight: _____ lbs Height: _____ Gender: M F

Active Severe or Cystic Facial Acne* YES ... NO
 Open facial wound or lesion*..... YES ... NO
 Metal stents in the treatment area** YES ... NO
 Implanted electrical devices**
 Pregnant or lactating*** YES ... NO
 Migraines*** YES ... NO
 Bell's Palsy*** YES ... NO
 Hemorrhagic disorder or haemostatic dysfunction**
 Mechanical implants**

Active or local skin disease that may alter wound healing YES ... NO
 Autoimmune disease*** YES ... NO
 Epilepsy*** YES ... NO
 Herpes*** YES ... NO
 Diabetes** YES ... NO
 Is a current smoker or has a history of smoking in the last 10 years..... YES ... NO

List chronic illness: _____

Undergone the following cosmetic procedures in the brow or lower face area:

Facial skin tightening procedure treatment within the last 1 year..... YES ... NO
 Date received: _____
 Injectable filler of any type within the last 1 year*** YES ... NO
 Date received: _____
 BOTOX® within the last 6 months YES ... NO
 Area Treated/Date received: _____
 Ablative resurfacing laser treatment..... YES ... NO
 Date received: _____
 Nonablative, rejuvenative laser treatment or light treatment within the last 1 year YES ... NO
 Date received: _____
 Dermabrasion or deep facial peels YES ... NO
 Date received: _____
 Facelift or blepharoplasty..... YES ... NO
 Date received: _____

Are you currently taking the following prescription medications:

Accutane within the past 12 months..... YES ... NO
 Anticoagulant or antiplatelet*** YES ... NO

List all prescription or non-prescription medications and supplements you are currently taking:

If none, check here

Medication	Disease	Dose	Frequency	Date started	Last date

Additional findings:

* Ultherapy® is contraindicated for use
 ** Ultherapy® is not recommended for use directly over this
 *** Ultherapy® has not been evaluated for use in this scenario

