

The Polydioxanone (PDO), Polylactic acid (PLLA) and Polycaprolactone (PCL) Thread lift and smoothing procedure(s) uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure(s) can result in increased firmness and elasticity of the skin in the treated area(s), however there is no guarantee a specific patient will benefit from the procedure. The nature of any cosmetic procedure(s) may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular condition.

Every procedure involves a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your practitioner in order to make an informed decision.

**Patient Name** \_\_\_\_\_

**Treatment Facility** \_\_\_\_\_

\_\_\_\_\_ I confirm that I consent to receiving treatment using the products that my practitioner has recommended to me.

\_\_\_\_\_ I have been informed that the treatment is carried out by injection for the improvement of lines, wrinkles and folds of the skin.

\_\_\_\_\_ I have been given sufficient information to enable me to understand the use of these products for the approved indications.

\_\_\_\_\_ I understand the procedure may include the use of lidocaine, a local anesthetic, with the aim to make the procedure less painful. This causes temporary numbing of the injected areas and can also cause facial paralysis, which may last a few hours.

\_\_\_\_\_ I understand that though complications are uncommon, they do sometimes occur. It is possible that side effects not described may occur and indeed that a complication not previously reported may occur for the first time. Known possible risks and side effects associated with Polydioxanone (PDO), Polylactic acid (PLLA) and Polycaprolactone (PCL) Thread lift and smoothing procedure(s) are:

- Edema
- Hematoma(s)
- Pain, Itching, Tingling
- Bleeding at Insertion Site
- Inflammation of the Insertion Site
- Skin infection(s)
- Histological Reaction
- Asymmetry
- Papule formation
- Dimpling of Skin
- Skin Relief Irregularities
- Thread Migration
- Thread Breakage
- Visible Thread
- Scarring

\_\_\_\_\_ I understand persistence of any inflammatory reaction for more than one week or the development of any other side effects that concern me must be reported to the practitioner as soon as possible. The clinic cannot take responsibility for complications or results that have not been reported, assessed, documented and managed in a timely fashion. Additional costs may occur should complication develop from the procedure.

\_\_\_\_\_ I have received information regarding contraindications to the administration of Polydioxanone (PDO), Polylactic acid (PLLA) and Polycaprolactone (PCL) Threads and potential side effects. Polydioxanone (PDO), Polylactic acid (PLLA) and Polycaprolactone (PCL) Threads give an aesthetic result for a limited time period. These effects may be variable depending on many factors, including condition of the skin, mechanical action in the treatment area(s), number and type of Threads inserted and the technique for injection. Lifestyle factors also effect the duration of the Threads.

\_\_\_\_\_ I understand the results may relax over time and additional procedures may be required.

\_\_\_\_\_ I understand that while I have been advised as to a probable result, this should not be interpreted as a guarantee as symmetry is not always achievable and Polydioxanone (PDO), Polylactic acid (PLLA) and/or Polycaprolactone (PCL) Threads may not correct all my skin laxity or sagging.

\_\_\_\_\_ I confirm that I have received and understand the verbal and written information about this treatment which includes aftercare and follow up advice.

\_\_\_\_\_ I agree to follow the aftercare advice below and understand this reduces risk of adverse reactions, promotes healing and helps ensure optimum results:

- Patients should refrain from applying make-up for a minimum 24 hours
- Patients should sleep face up, in an elevated position on pillows for three to five nights
- The face should be washed gently without rubbing or massaging for five to seven days
- Excessive face and neck movements should be avoided for about two weeks and face and neck massages for one month
- Over-exposure to direct sunlight should be avoided for two weeks
- Sports and excessive exercise should be avoided for two weeks
- Saunas should not be used for three weeks
- Patients must avoid Laser-based procedures to areas 4 months post thread insertion as extreme heat will dissolve the threads
- No dental surgery should take place for three weeks
- Avoid excessive chewing and hard foods for 3 days post treatment
- Do not drink through a straw if threads have been placed in the mid/lower face, neck or jaw

\_\_\_\_\_ I understand sutures may extrude, may have to be trimmed or may have to be removed in the future.

\_\_\_\_\_ I understand that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment and could result in a delay to one's normal daily activities and thus economic loss.

\_\_\_\_\_ I hereby acknowledge that I have been advised that photographs will be taken of me or parts of my body before and after surgery. The photographs will be taken by one of the members of the clinic staff or Les Encres, LLC representative. I hereby give my consent for Les Encres, LLC to use the photographs under the following circumstance(s):

\_\_\_\_\_ Internet: Photographs taken of me or parts of my body as well as details regarding medical services that I have received during this procedure can be used on the company's website in order to inform the public about the treatment methods. Further, I release and discharge this facility any employees of this facility, and the Les Encres, LLC; and all parties acting under their authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name or any other identifying marks at any time during any use or publication of these materials by any party.

\_\_\_\_\_ All Media: Photographs taken of me or parts of my body as well as details regarding this procedure, can be used in any print or broadcast media, including, but not necessarily limited to newspapers,

pamphlets, educational films, internet, and television, in order to inform the public about the treatment methods. Further, I release and discharge this facility any employees of this facility, and the Les Encres, LLC; and all parties acting under their authority, from any and all claims or actions that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education, and my consent is subject only to the condition that I am not identified by name at any time during any use or publication of these materials by any party.

**\*\*STOP\*\*** If you are participating in a training demonstration and/or as a media model, do not initial the following selection "Medical Care Only."

\_\_\_\_\_ Medical Care Only: Photographs taken of me or parts of my body can be used solely for the purpose of this procedure with this facility. The photographs and all details regarding the services rendered to me will be kept confidential within my personal medical history file at this facility.

The nature of the elective procedure, its risks and potential complications have been fully explained to me along with available alternative treatments and their benefits and risks has been discussed. I understand I have the right to refuse treatment. I have been instructed to and agree to abide by all safety precautions and post treatment instructions and have been given a written copy. I understand no refunds will be given for received treatment and no guarantee(s) have been given regarding the results.

I release the facility, medical staff, Les Encres, LLC and others involved in this procedure from liability associated with this procedure. This consent is voluntarily executed and shall be binding on my spouse, relative, legal representatives, heirs, administrators, successors and assignees. I also certify that if I have any changes in my medical history I will notify this facility immediately. I also state that I read and write in English.

By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below.

**Patient:**

**Facility:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_