

Disclosure and Consent for Skin Tightening with the BBL

I understand that the Skin Tyte Accessory for the Sciton BBL is intended for selective photocoagulation of soft tissue for firmer looking skin. I understand that there is a possibility of rare side effects such a scarring and permanent discolouration as well as short term effects such as reddening, mild burning, temporary bruising and temporary discolouration of the skin. These effects have all been fully explained to me.

Based on the experience of other physicians we have found that those patients, who tend to have less photodamage and are younger, usually obtain good results on the first and subsequent visits. On the other hand, those who have more photodamage and are older, tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all.

I understand that the SkinTyte treatment with the Sciton BBL system involves payment, and the fee structure has been fully explained to me.

I also understand that there are other options for treatment that are available and each of these other option has been fully explained to me.

With this in mind, I am choosing the Sciton Profile BBL non-invasive treatment for selective photocoagulation of soft tissue.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patient's
Name: _____

Signature: _____

Date: _____ Witness: _____