

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Age \_\_\_\_\_ Referred by \_\_\_\_\_

Have you ever had the following?

- Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Any active infection.
- Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications.
- Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding coagulopathies, or use of anticoagulants
- History of keloid scarring.
- Very dry skin.
- Exposure to sun or artificial tanning during the 3–4 weeks prior to treatment.

Are you pregnant? \_\_\_\_\_  
What medications are you taking (including aspirin)? \_\_\_\_\_

Daily consumption of alcohol \_\_\_\_\_  
Allergies: \_\_\_\_\_

Are you taking any herbal preparations? (St. John's Wort, etc.) \_\_\_\_\_  
If yes, list \_\_\_\_\_  
Do you wear contact lenses? \_\_\_\_\_

Skin type (when exposed to the sun **without protection** for about 1 hour)

- always burns, never tans \_\_\_\_\_
- always burns, sometimes tans \_\_\_\_\_
- sometimes burns, sometimes tans \_\_\_\_\_
- always tans \_\_\_\_\_
- Hispanic, Asian, Mediterranean, Middle Eastern \_\_\_\_\_
- Black \_\_\_\_\_

When were you last exposed to the sun (including tanning booth)? \_\_\_\_\_  
Do you use chemical sun tanning lotions? \_\_\_\_\_  
Are you in-service a holiday in the sun? \_\_\_\_\_

Reason for visit (area to be treated) \_\_\_\_\_  
\_\_\_\_\_

Prior treatment (if any) \_\_\_\_\_

**Warning: The sample informed consent provided by Alma Lasers, Inc should be used by the physician in the context of his or her experience and the laws of the state in which he or she practices.**

I understand that the Accent XL is a radio-frequency device (RF) device intended for use in dermatologic and general surgical procedures for non-invasive treatment of wrinkles and rhytides. I understand that multiple treatments may be required and that there is no guarantee that the wrinkles/rhytides will be completely removed. I understand that there is a possibility of short term (few seconds to hours) adverse effects such as heating sensation, erythema and dry skin. Burns may occur in rare situations. These possible adverse effects have all been fully explained to me \_\_\_\_\_ (please initial).

I understand that the treatment by the Accent XL system involves a series of treatments and the fee structure has been fully explained to me.

I also understand that there are other options for wrinkle and rhytides treatment that are available and each of these other options have fully been explained to me \_\_\_\_\_ (please initial).

With this in mind, I am choosing to try Accent XL non-invasive treatment for wrinkle and rhytides reduction.

**PHOTOGRAPHS :** I do \_\_\_\_ do not \_\_\_\_ give permission for photographs and other audio-visual and graphic materials to be used by the physician or Alma Lasers, Inc for marketing, education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature \_\_\_\_\_

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: \_\_\_\_\_

## POST-TREATMENT- ACCENT

- Drink two glasses of water immediately after treatment.
- Continue drinking 8-10 glasses of water for 3 days.
- Avoid excessive exercise, hot baths, showers, saunas, sweating. (3days)
- Avoid alcohol consumption(it drains water from the body&skin).(3days)
- Apply moisturizer everyday to the treatment area.

## FOLLOW-UP

- Treatments should be 2-3 weeks apart.
- No more than 3 treatment sites at one time.
- The number of treatments will vary according to the degree of skin irregularity, patient age, skin condition, smoking history, medical history.