



Sylfirm X Consent Form

Patient Information:

Full Name: _____

Procedure Details:

Sylfirm X Procedure Type: _____

Treatment Date: _____

Clinician: _____

On-Label Use:

Sylfirm X is FDA-approved for the treatment of pigmentary and vascular lesions,

Off-Label Use:

Profound RF can also be used off-label to treat other conditions, such as acne scars, stretch marks, and hyperpigmentation. However, it is important to note that off-label use has not been evaluated by the FDA and may carry additional risks.

Risks and Adverse Reactions:

The most common risks and adverse reactions of Profound RF are mild and temporary, such as:

- Redness
- Swelling
- Bruising
- Pain
- Itching
- Tenderness

Initial: _____

Other, less common risks and adverse reactions include:

- Allergic reaction
- Infection
- Numbness
- Tingling
- Nerve damage
- Pigmentation changes
- Scarring
- Rare side effects such as burns, blisters, and skin necrosis

Contraindications:

Profound RF should not be used in patients who are:

- Allergic to the device or any of its components
- Pregnant or breastfeeding
- Have an active infection in the treatment area
- Have a bleeding disorder
- Have a pacemaker or other implanted device
- Have a history of skin cancer
- Are taking certain medications, such as blood thinners or corticosteroids

No Show Policy:

I understand that failure to attend the booked appointment may result in a fee being charged. I will ensure that I notify you at least 24 hours in advance if I need to cancel my appointment to avoid a fee.

All Sales Are Final Policy:

We are committed to providing our customers with high-quality services. However, please be aware that all sales are final, and no refunds or exchanges will be issued.

Initial: _____

Acknowledgment:

I have been provided with information about the risks, adverse reactions, and contraindications associated with the Profound RF procedure. I have had the opportunity to ask questions and have received satisfactory answers. I understand that results may vary, and no guarantees or warranties have been made regarding the outcome of the procedure. I acknowledge that I am required to make full payment at the time of service.

I consent to undergo the Profound RF procedure and acknowledge that this consent form represents my informed decision to proceed with the procedure. I understand that I can withdraw my consent prior to the service and that it is my responsibility to follow all pre- and post-treatment instructions provided by my clinician.

Patient's Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____

Please keep a copy of this signed consent form for your records.

Initial: _____

Pre-care instructions for Profound RF:

- Avoid sun exposure and use SPF 30+ sunscreen for at least 2 weeks prior to treatment.
- Discontinue any topical retinoids or other skin irritants for at least 3-5 days prior to treatment.
- Avoid alcohol and NSAIDs for 7 days prior to treatment.
- Eat a healthy meal and drink plenty of water on the day of treatment.

Post-care instructions for Profound RF:

- Apply a thin coat of Aquaphor or petrolatum ointment to the treatment area for 2-3 days.
- Start using a gentle cleanser twice a day after 24 hours.
- Apply a cold compress for 20 minutes on, 20 minutes off for the first 24 hours to reduce swelling and discomfort.
- Avoid excessive heat or cold for 4 weeks.
- Do not wear makeup for 10-14 days, or until the skin has healed completely.
- Avoid swimming, using hot tubs, or saunas for 4 weeks.
- Use sunscreen with SPF 30+ every day.

It is important to note that these are general guidelines, and the clinician may give you specific instructions based on your individual needs. Be sure to follow instructions carefully to achieve the best results and minimize any side effects.

Initial: _____