

Pelosi Medical Center
 RENUVION TISSUE TIGHTENING
 PATIENT CONSENT

I Authorize Dr. Pelosi to perform Renuvion skin and tissue tightening at the time of liposuction on the following area(s):

I understand that this treatment will use a helium plasma device to deliver radiofrequency energy resulting in heat to the subdermal connective tissues to contract and to improve the appearance of lax (loose) skin areas listed above. I do not have any collagen, vascular and/or an autoimmune disease, as results may vary. I am aware the risks associated with this procedure may include: helium embolism into the surgical site due to inadvertent introduction into the venous or arterial blood supply system, unintended burns (deep or superficial), pneumothorax, temporary or permanent nerve injury, ischemia, fibrosis, infection, pain, discomfort, gas buildup resulting in temporary and transient crepitus or pain, bleeding, hematoma, seroma, subcutaneous induration, pigmentation changes, increased healing time, unsatisfactory scarring, asymmetry and/or unacceptable cosmetic result.

I understand that with a subdermal energy device the following are possible expected clinical side effects may include discomfort/pain, edema, erythema, ecchymosis, hypoesthesia, touch sensitivity, itching, temporary weight gain, temporary numbness/tingling, transient migratory firmness, temporary and/or transient crepitus.

My procedure has been fully explained to me. I understand that the practice of medicine and surgery is not an exact science and that results may vary. While there may be some initial improvement, the full clinical results may not be apparent for approximately six to twelve months and no guarantees of my results have been given to me.

The nature and effects of the procedure, the risks, clinical effects, complications, as well as alternative treatments have been fully explained to me by the physician or designated clinician and I understand them. The benefits of the proposed procedure, along with the probability of success have also been discussed with me. I have been given the opportunity to ask questions and have received satisfactory answers. My signature below acknowledges that I have been fully informed and consent to the listed procedure above.

_____/_____/_____
 Patient Signature Date _____ _____ _____ _____
 Witness Signature Date Surgeon Signature Date