THERMCI LEER

DnTE:

 PHONE NUPB£C

TyPE: I, II, III, IV,V, VI -/- DRY, THIN, DAMAG ED, MELASMA, HYPER, HYPO. OTHER

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ThermoCLEAR

s Sun Spots Age Spot

n Clear papules

* Blotchy Red Spots u Hair Removal

Spider Cap illar ies

* Clear Papules

n Cherry Hemangioma

 Skin Tags

n White Heads



Ingrovvn Hairs

Ep iderm al I m perfections

Solar Len tigines Senile Lentig o

Sebaceous Hyper plasin Rosacea/ Couperos Hirsutism/Hy pertrichosis Telangiectasia Sebaceous Hyperplasia Se nile An gioma

Acrochordon s

Milia

Pseudo Folliculitis Barbae

o Other

TREATMENT COF1h1ENTS

THERMC YEAR



**ThermoCLEAR Aftercare / Post Treatment Instructions:**

1. Immediately after the treatment an ice pack, Polysporin, Bacitracin and/or Caladryl lotion can be applied —as there may be a mild swelling or edema. It is normal for the treated area to feel like sunburn for a few hours. Avoid any trauma to the skin for up to 24 hours, such as bathing in very hot water, swimming pool, hot tub or strenuous exercise. Try to keep the treated area dry.
2. DO NOT PICK the area - Avoid picking and scratching the treated area to achieve your best results. If any crusting appears you can apply an antibiotic cream. Some practitioner's recommend Bacitracin and/or Caladryl lotion and others prefer an after sunburn gel.
3. Makeup may be used 24 hours after the treatment, unless there is any sign of epidermal bleeding. It is recommended to use fresh makeup or a powdered mineral makeup to reduce the possibility of infection.
4. You may shower after the treatment with tepid (lukewarm) water. If extensive work has been done on the treated area, you may need to apply Aquaphor or Vaseline when you are in the shower and lightly remove it after bathing. Skin should be patted dry and not rubbed. After 24 hours you can wash the area gently with a mild soap.
5. You may experience redness, scabbing and/or slight bruising from 5-7 days after the treatment. Avoid direct sun exposure and tanning beds for 2-3 weeks and throughout the course of your recommended treatment process. Use sunscreen SPF 25 or higher at all times when going out in the sunlight.
6. Avoid tweezing, waxing, bleaching, chemical peels and all laser treatments during the course of the treatment. Do not use irritants such as Retin-A, glycolic‘s or Ioofa's until the area has completely healed up.
7. Call your ThermoCLEAR professional with any questions or concerns you may have during your treatment.



Informed Consent

RF Thermocoagulation Treatment

Name: Date:

I authorize to perform the procedure. The radio frequency (RF) treatment may dramatically reduce darkly pigmented sunspots, skin tags, milias, sebaceous hyperplasia, cholesterol deposits, unwanted hair and small spider (telangiectasia) veins. More than one RF session may be necessary to achieve desired results. However, other treatments, including skin care products, are often needed to blend color, reduce sun damage, and give the best results.

The skin treated may be red and swollen with fine, thin scabs. Keep the treated areas covered with Caladryl, Polysporin and/or Bacitracin until the thin scabs fall off. This process can take anywhere from 1-3 weeks to heal completely. It could take as long as 1-3 months in some rare cases. Do not scratch the scabs, as that can cause scarring and prolong the healing time.

You must be off of Accutane for more than 6-months to resume treatment. Individuals using ANTICOAGULANTS should be noted. The following problems may occur with treatment:

* 1. Micro scarring: The RF system can create a bruise and/or a moderate burn or blister to the skin. For an effective treatment, the RF energy may cause the skin to scab up, then the healing time can make the skin red. There is a slight risk of micro scarring.
  2. Hyper-pigmentation (browning) and Hypo-pigmentation (whitening) have been noted after treatment, especially with individuals with thin/frail skin and darker complexions (Fitzpatrick IV-V). This usually resolves within weeks, but it can take as long as 1-3 months in some rare cases. Permanent color change is also a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
  3. Allergic reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.
  4. Bleeding: Pinpoint

epidermal bleeding is rare but can occur following RF treatment

procedures. Should bleeding occur, additional treatments might be necessary.

* 1. Infection: Although infection following RF treatment is unusual, bacterial, fungal, and viral infections can occur if the area is picked or not kept clean. Herpes simplex virus infections around the mouth can occur following a RF treatment. Should any type of skin infection occur, additional treatment including antibiotics might be necessary. If you have a history of herpes simplex virus in the treated area we recommend preventative therapy.
  2. Skin tissue Pathology: Energy directed at skin lesions may potentially vaporize the lesion. Only clearly benign pigmented lesions can be treated. Check with your dermatologist for clearance for the treatment, if the lesion has changed in color, size, extremely elevated or is painful to the touch.

Wear sunscreen of SPF 25 or higher before and after treatment to protect your skin. I understand I may need multiple treatments for the desired outcome.

Compliance with the aftercare guidelines is crucial for healing, prevention of scaring, hyper- pigmentation and hypo-pigmentation.

Post care observation: Patient/client may need to return to the office in 7-10 days for the RF operator to observe the treatment.

Occasionally, unforeseen problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

**ACKNOWLEDGMENT:**

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release the ThermoCLEAR operator, medical director and the treatment facility from all liabilities associated with the above-indicated procedure.

Client/Patient/Guardian Signature Date

ThermoClear Technician Signature Date