

## Information / Informed Consent for Exilis Skin Tightening / Body Shaping / Sculpting & Cellulite Treatment

Exilis uses proprietary "best in class", (grounded) monopolar radiofrequency-based energy to achieve painless, safe, effective and progressive non-invasive skin tightening and body shaping / sculpting via fat liquification (i.e. "fat melting"). And thus, represents an alternative to liposuction and plastic surgery. Exilis may also be effective for cellulite improvement.

Results may vary from person to person as well as overall satisfaction.  
Satisfactory results cannot be guaranteed, although most patients achieve improvement and/or satisfaction.  
Good dietary habits, sufficient intake of liquids and light physical activity are beneficial for optimum results.  
At least 4 treatments at 1-4 week intervals are recommended for achieving noticeable or satisfactory results.

Potential candidates include anyone who has loose / saggy skin and/or unwanted fat deposits and desires tightening, body shape improvement and/or circumferential reduction. Exilis is not a weight loss technique. A European study demonstrated significant circumferential reduction in all 58 trial volunteers after 4-5 treatments. Another study demonstrated longevity of results up to at least 18 months. Longevity of results will vary with individual genetic aging and lifestyle habits. Periodic touch-ups may be recommended for maintaining results and/or continued improvement.

### Contraindications (Reasons why you may not be able to have Exilis treatments):

Pacemaker or internal defibrillator or other internal electronic devices, any metal implants, pregnancy or breast feeding [Metal implants (including teeth braces) cannot be located near or in the path between the treatment site and grounding plate.]  
Other miscellaneous contraindications / precautions: Acute skin infection / inflammation (eczema, rosacea,) / burns, impaired immune system / poor wound healing, Accutane within 12 months, scleroderma, radiation therapy, (Deep) ablative cosmetic peel or resurfacing in last 3 months, Bleeding disorders, fever, kidney or liver disease, cardiovascular disease, certain radiologic procedures, sensitivity disorders, tuberculosis, varicose veins  
I confirm that none of the above contraindications apply to me and will notify my aesthetic provider if they ever do.

BTL Exilis Risks include, but are not limited to: Redness, numbness, swelling (edema), blistering and rarely, scarring;  
Other rare adverse effects such as allergic reactions or nausea may occur.

### Pre- and post-treatment recommendations to ensure the best possible results include:

Wear comfortable, easy access clothing (such as a bathing suit) for treatment access and ease of electrode placement.  
No make-up, creams / lotions on skin; no jewelry or other metal adornments. Skin should be clean, dry and hair free.  
Drink increased liquids (8 glasses of water) 1-3 days before, the day of and the day after treatment (for body shaping).  
(Also, ideally reduce or avoid coffee, tea, alcohol and other diuretics starting with the day before Exilis treatment.)  
Mild exercise (e.g. walking or light jogging, etc. ~ ¼ mile or more) is beneficial on same day after treatment (for body shaping).  
Most patients will notice redness and/or warmth in the treated areas for minutes up to several hours or more after treatment.  
Some patients may experience tenderness in the treated areas for several hours to a day or more after treatment.

I consent to Pre- and post-treatment photos/videos that will belong to Strimling Dermatology, Laser & Vein Institute and may be used for results validation, educational and/or marketing purposes, at our discretion indefinitely.

Areas to be treated are:  Upper &  Lower Face  Neck  Chest  Abdomen  Love Handles / Obliques / Flanks  Back / Bra Line  
 Buttocks  Thighs (Front, Medial/Inner, Back of legs, Saddle Bags)  Knees  Arms / "Bat Wings"  Other \_\_\_\_\_

Price quote/s: \_\_\_\_\_

I certify that I have read this entire document or that it has been read or translated to me and that I understand what it is presented here.  
I certify that I have the opportunity to ask questions and that my questions have been answered to my satisfaction.  
I certify that I am an appropriate candidate for Exilis without contraindications and that I understand the treatment conditions, procedure, possible side effects/risks, and pre- and post-treatment instructions for best possible results and agree to abide by such recommendations.  
I understand the need for multiple treatments for best possible results as well as periodic maintenance treatments.  
I consent to Exilis treatments or a series of treatments by Dr. Strimling or an associate or staff.

Patient Signature \_\_\_\_\_ Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_