

Midnight Sun Family Medicine, PC
Aesthetics Division
TruSculpt Procedure
Patient Consent

I hereby authorize Dr. Hornberger, or her designated assistant, under Dr Hornberger's supervision, to treat me with the TruSculpt device. I understand that this procedure works by using radio frequency (RF) energy to provide uniform deep tissue heating and elevation of tissue temperature for the treatment of select medical conditions. This tissue heating has been shown to cause lysis of adipose cell membranes with potential eventual reduction in subcutaneous adipose cell burden. This is a non-invasive treatment with the intention of reducing overall adipose layer thickness and body sculpting. There is little or no down time associated with this procedure and results are highly independent. Results may be in a range from highly noticeable to minimally noticeable. THIS PROCEDURE IS NOT INTENDED FOR WEIGHT LOSS.

_____Pt. _____MA

The procedure may result in the following adverse experiences or risks:

- DISCOMFORT AND PAIN- Some discomfort or pain may be experienced during treatment.
- REDNESS/SWELLING/BRUISING- Short term redness (hyperemia) or swelling (edema) of the treated area is common and may occur. Bruising may also occur.
- SKIN COLOR CHANGES- During the healing process, there is a possibility that the treated area may become either lighter (hypo pigmentation) or darker (hyper pigmentation) in color compared to the surrounding skin. This is usually temporary, but rarely may be permanent.
- WOUNDS- Treatment can result in burning, blistering, crusting, scabbing, or bleeding of the treated areas. *If any of these occur, please call our office immediately.*
- INFECTION- Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection, such as pain, heat, or surrounding redness occur, please call our office 907-455-7123.
- SCARRING- Scarring as a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post treatment instructions provided by the MSFM Healthcare staff.
- NUMBNESS- Numbness may occur
- LUMPS- Small areas of fat deposits that typically resolve in several weeks.

I ACKNOWLEDGE THE FOLLOWING POINTS HAVE BEEN DISCUSSED WITH ME:

- * Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me.
- * Alternative treatments, such as surgery.
- * Reasonable anticipated health consequences if the procedure is not performed
- * Possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I certify that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Hornberger and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do___ do not___ authorize the use of my photographs for teaching purposes.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR THE TruSculpt PROCEDURE, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED, TO MY SATISFACTION, BY MY MSFM HEALTHCARE TEAM.

Signature patient or guardian

PRINT Name/Relationship

Date

Signature-Witness MSFM

Print Name

Date