



Accent XL Consent Form

Clear MedSpa
202 Rock Creek Parkway
Fairhope, Al 36532

I understand that the Accent XL is a radio-frequency device (RF) device intended for use in dermatologic and general surgical procedures for non-invasive treatment of wrinkles and cellulite. I understand that multiple treatments may be required and that there is no guarantee that the wrinkles/cellulite will be completely removed. I understand that there is a possibility of short term (few seconds to hours) adverse effects such as heating sensation, erythema and dry skin. Burns may occur in rare situations. These possible adverse effects have all been fully explained to me _____ (please initial).

I understand that the treatment by the Accent XL system involves a series of treatments and the fee structure has been fully explained to me.

I also understand that there are other options for wrinkle and cellulite treatment that are available and each of these options have fully been explained to me _____ (please initial).

With this in mind, I am choosing to try Accent XL non-invasive treatment for wrinkles and cellulite reduction.

PHOTOGRAPHS: I do ____do not____ give permission for photographs and other audiovisual and graphic materials to be used by the physician or Alma Lasers, Inc. for marketing, education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature _____.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patient's Name: _____

Signature: _____

Date: _____

Witness: _____

Accent XL
Medical History

Check if it pertains to you:

- Pacemaker/defibrillator
- Metal Implants (in mouth or body)
- Current or history of skin cancer/other cancer/ pre- malignant moles
- Severe concurrent medical conditions (e.g. cardiac disorders)
- Pregnancy and nursing
- Impaired immune system
- Disease stimulated by light (e.g. Lupus, Porphyria, Epilepsy)
- Disease stimulated by heat (e.g. Herpes Simplex)
- Endocrine disorders (e.g. diabetes, PCO)
- Active skin infection (e.g. psoriasis, eczema)
- Skin disorders (e.g. keloids, abnormal wound healing)
- History of bleeding disorders
- Use of medication/herbs inducing photosensitivity
- Facial laser resurfacing/deep chemical peeling, last 3 months
- Varicose veins
- Tattoo or permanent makeup
- Tanning bed or spray tan in the past week

List any medications taken:

List any allergies:

Detail any medical condition:

Surgical History and other considerations:
