



## CONSENT FORM

Plexr is a device that ionizes the air present between its terminal and the epidermis, thus generating a micro-plasma beam. In contact with the epidermis the micro-plasma beam sublimates the corneocytes, ie the upper cells that form the protective layer of the epidermis. At the same time, an amount of energy selectively reaches the right depth of the dermis, without irradiation or electric shock. This stimulation allows an immediate contraction and reorganization of the collagen bers, a formation of new collagen and a renewal of the epidermal tissue. **Initial:** \_\_\_\_\_

Plexr can treat a variety of skin imperfections, in particular by performing treatments for the removal of benign neoforations and elastic retraction treatments, thus generating a skin lifting. Depending on the treatment and the sensitivity of the patient, the doctor may administer a small amount of anesthetic cream 30 minutes before the intervention on the area to be treated. **Initial:** \_\_\_\_\_

## WHAT TO EXPECT

### SIDE EFFECTS AND POST TREATMENT INDICATIONS:

- » Scabs, edema and redness are part of the normal healing process and skin turnover. Normally this process lasts 7-20 days. **Initial:** \_\_\_\_\_
- » After the treatment it is recommended to: wash in the morning and nights the treated area with Marseille soap; avoid exposure to sunlight and cover the part with foundation having 30+ sun protection until the redness disappears completely to avoid the appearance of hyperchromies (darker complexion); do not scrub the crusts: they will fall down naturally. **Initial:** \_\_\_\_\_
- » In darker subjects, such dyschromias are more likely to occur. In subjects with very light and sensitive skin, the redness may persist longer. In both cases, ask the doctor how to speed up the restoration of normal color, which will return to normal even without treatment after a maximum of 4 months. **Initial:** \_\_\_\_\_

### RESULTS:

- » Immediate and non-surgical removal of benign neoforations; non-invasive skin lifting. **Initial:** \_\_\_\_\_
- » Results vary from person to person. It may take several sessions to achieve the desired result. The interruption of the subsequent sessions could compromise the expected result of the treatment. Although highly unlikely, it is possible that no obvious result will occur from the procedure. **Initial:** \_\_\_\_\_

### I AM IN ONE OF THE FOLLOWING CONDITIONS:

- » I have a pacemaker or other implantable electronic devices .....YES / NO
- » I have metallic implants inside the body ..... YES / NO
- » Skin diseases or special injuries in the treatment area ..... YES / NO
- » Other non-invasive treatments on the region in the last 30 days or until complete recovery .....YES / NO
- » Invasive treatments in the last year .....YES / NO
- » Presence of oncological diseases .....YES / NO

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the information above, and I give my consent to be treated with the Needle Shaping device by the doctor (s) and his staff in charge.

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

Doctor Name: \_\_\_\_\_ Signature: \_\_\_\_\_