**A black and blue logo

AI-generated content may be incorrect.**

Non-Invasive Skin Tightening Treatment

**CONSENT FORM**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sofwave™ uses synchronous ultrasound parallel beam technology to stimulate collagen and elastin production, improving skin laxity and fine lines. It is a non-invasive procedure with minimal downtime.

It delivers ultrasound energy to a precise depth of 1.5mm beneath the mid-dermal layer is producing collagen and elastin. The energy creates tiny, controlled thermal injury points (coagulation zones) in the dermis. Your body recognizes this gentle injury and initiates a powerful healing process.

Over the following weeks and months, as new collagen and elastin build up, your skin gradually becomes tighter, smoother, and more lifted. The improved collagen network also enhances skin quality and texture.

**Expected Benefits**

• Improvement in skin firmness and tightening

• Reduction in fine lines and wrinkles

• Gradual, natural-looking results over 12–24 weeks

**Possible Risks and Side Effects**

**•** Temporary redness, swelling, or warmth

• Mild discomfort during or after treatment

• Bruising or tenderness in treated areas

• Rare risk of burns, scarring, or changes in skin sensation

**Contraindications**

**I understand I should not undergo Sofwave if I have:**

• Active skin infection, open wound, or severe acne in treatment area

• Implanted pacemaker/defibrillator or electronic device in treatment area

• History of keloid scarring

**•** Pregnancy or breastfeeding

• Recent injectable, laser, orsurgical procedures in the same area (unless cleared by provider)

**A black and blue logo

AI-generated content may be incorrect.**

Non-Invasive Skin Tightening Treatment

**Aftercare**

• Redness and mild swelling may occur for a few hours

• Normal activities can usually be resumed immediately

• I will follow the clinic’s aftercare instructions provided

**Consent and Acknowledgment- I confirm that:**

• I have disclosed my complete medical history to my provider.

• I understand the procedure, potential benefits, and risks.

• No guarantees about results have been made to me

• I have had the opportunity to ask questions and all were answered to my satisfaction.

• I consent to photographs for medical records (tick if agreed ☐).

**Patient Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practitioner Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**