EXION™

FACE APPLICATOR

PATIENT TREATMENT RECORD

Patient's name:	**Date of birth:**
Phone:	**Email:**

You are scheduled for a series of non-invasive treatments with the **EXION Face Applicator**. The EXION Face applicator is intended to provide heating for the purpose of elevating tissue temperature for selected medical conditions such as temporary relief of pain, muscle spasms, and increase in local circulation.

Initials:_____

Your treatment provider will discuss your specific treatment needs. Four sessions are recommended with 2-14 days between each session. Completing a full treatment series is necessary to maximize treatment efficacy. You may need additional treatments depending on the severity of your condition.

Initials:_____

The area of interest must be free from hair. I acknowledge that I have been advised to shave the area prior to the procedure, or the area will be shaved at the procedure visit.

Initials:_____

On the day of the treatment, you are advised to wear comfortable clothing so the treatment area can be easily accessed. Also, the treated area will be wiped with a cleanser before treatment to remove any moisture, perfume, moisturizers, or oils. You will be asked to remove all metallic accessories and electronic devices.

Initials:_____

The treatment does not require anesthesia. During the application, you will feel a heating sensation in the treated area. It is important to note that you should feel comfortable heat, but never feel an unpleasant burning or painful sensation during the treatment. If you feel uncomfortable, immediately inform the operator. The procedure doesn't require any recovery time. Typically, you can get back to your daily routine right after the treatment.

Initials:_____

I am aware NOT TO wear any metallic accessories (such as jewelry, watch or clothes containing metallic threads or metallic accessories) during the treatment. I also acknowledge that I do not have any metallic or electronic implants near the treatment area (such as pacemakers, defibrillators, etc.).

Initials:_____

Please answer whether you currently have or have had any of the following in the past*

	YES	NO
Bacterial or viral infection, acute inflammations	○	○
Impaired immune system	○	○
Isotretinoin in the past 12 months	○	○
Skin-related autoimmune diseases	○	○
Radiation therapy and chemotherapy	○	○
Poor healing and unhealed wounds in the treatment area	○	○
Metal implants near the treatment area or neutral electrode	○	○
Permanent implant near the treatment area	○	○
Pacemaker or internal defibrillator, or any other active electrical implant anywhere in the body	○	○
Current condition or history of skin cancer or current condition of any other type of cancer, or pre-malignant moles	○	○
History of any type of malignant cancer	○	○
Active collagen diseases	○	○
Cardiovascular diseases (such as vascular diseases, peripheral arterial disease, thrombophlebitis and thrombosis)	○	○
Pregnancy/nursing or IVF procedure	○	○
History of bleeding coagulopathies, use of anticoagulants	○	○
Any active condition in the treatment area, such as eczema, rash, rosacea, etc.	○	○
Any surgical procedure in the treatment area within the last 3 months or before complete healing	○	○
Poorly controlled endocrine disorders, such as diabetes	○	○
Tuberculosis	○	○
Hepatitis	○	○
Febrile conditions	○	○
Acute neuralgia and neuropathy	○	○

Kidney or liver failure	○	○
Sensitivity disorders in the treatment area	○	○
Varicose veins, pronounced edemas	○	○
Skin dermabrasion, skin resurfacing, or deep chemical peeling in the treatment area within 3 months prior to the treatment	○	○

If you answered YES to any of these questions, please specify:

Treatment Considerations

I am aware that pregnancy and nursing are contraindicated, and pregnant women can't undergo the treatment.

Initials:_____

I understand that there are certain side effects associated with EXION Face Applicator treatments, and they include but are not limited to erythema, mild swelling, heating sensation, dry skin, temporary damage to natural skin texture (crust, blister, and burn).*

Initials:_____

I understand the results may vary from person to person and that an exact result cannot be predicted. It is very unlikely, but it is possible that I will not see any recognizable result after the procedure. Completing a full treatment series is recommended to maximize treatment efficacy. I acknowledge the results may not meet my expectations.

Initials:_____

I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions, and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure, and possible side effects.

Initials:_____

I have read the above information, and I request and give my consent to be treated with the EXION Face Applicator by the physician(s) in the below-stated practice and his/her designated staff.

Initials:_____

My signature below indicates that the above information is accurate and current.

Patient's signature: _____ Date: _____

Witness (in print): _____ Signature: _____ Date: _____

Practice name: _____

* For the full range of contraindications, warnings, and caution, consult your treatment provider

EXION™ Face

TREATMENT RECORD

Patient´s name or ID: _____

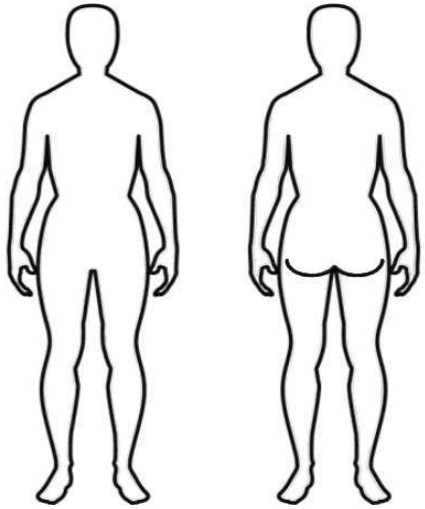
Treatment area(s) - describe or mark on the picture:

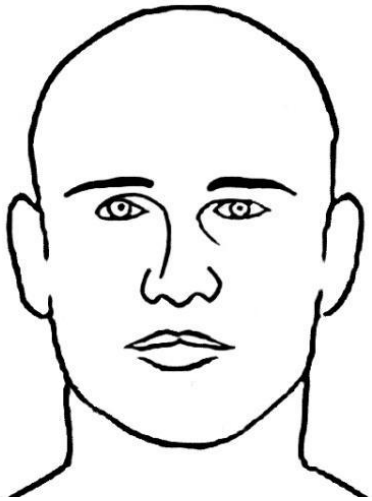
_____

_____

Age: _____

Skin Type:_____





SESSION #	DATE	TREATMENT TIME	RF INTENSITY RANGE	PHOTOS	COMMENTS	OPERATOR INITIALS
				YES / NO		
				YES / NO		
				YES / NO		
				YES / NO		
				YES / NO		

				YES / NO		