

# DIVINE

PYRAMID FACELIFT™

## Medical History + Informed Consent Form

**Personal Information:**

Name:	Date of birth:
Address:	Work address:
Tel./cell:	Work tel./cell:
Email:	

**Health questionnaire:**

Existing or recent illness	Details:
Hospitalization / surgery	Details:
Medication	Details:
Medicine intolerance	Details:
Aesthetic procedures in the treatment area	Details:

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## Which of the following conditions applies to you?

- Under 18 years of age.
- Pacemaker or internal defibrillator, implanted neuro-stimulators or any other internal electric device.  
Do not use on patients who have had an implant in the past unless you are absolutely certain that the implant and all leads in their entirety have been removed
- Metal implants or other implants in the treatment area.
- Pregnancy or nursing
- Current or history of cancer, especially skin cancer, or pre-malignant moles.
- Impaired immune system due to immunosuppressive diseases such as AIDS and HIV, or use of immunosuppressive medications.
- Severe concurrent conditions such as cardiac disorders, metabolic disorders or epilepsy.
- Patients whose condition could be negatively affected by heat. Patients with a history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
- Patients having diminished or exaggerated perception of temperature changes.
- Patients having areas of sensory impairment such as in cases of nerve lesions, and neuropathies.
- Any active condition in the treatment area, such as sores, hemorrhages or risk of hemorrhages, septic conditions, psoriasis, eczema , rash, active acne and rosacea .
- Severe allergic reactions such as hives, swelling, difficulty breathing
- History of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.
- History of bleeding coagulopathies, vascular disorders or use of anticoagulants.
- Poorly controlled endocrine disorders such as diabetes.
- \*Use of non-steroidal anti-inflammatory drugs (NSAIDS, e.g. ibuprofen containing agents) one week before and after each treatment session.
- Use of Isotretinoin (Accutane) within 6 months prior to treatment.
- Varicose veins in the treatment area.
- Tattoo or permanent make up in the treated area

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- Excessively tanned skin from sun, tanning beds or creams within the last two week prior to treatment.
- Any surgical, invasive, ablative procedure in the treatment area within three months prior to treatment or before complete healing. If patient shows signs of delayed healing response, at least six months should pass before treatment.
- Face lift, eyelid surgery, skin resurfacing, deep chemical peeling or deep dermabrasion in the treatment area within three months prior to treatment or before complete healing.
- Injected chemical substance, threads, synthetic fillers in the treated area.
- Fillers, collagen, fat injections or other injected bio-material in the treated area within three months prior to treatment and not before complete healing has occurred. Botox in the treated area within 2 weeks prior to treatment.
- COVID-19 symptoms.
- None of the above.

I hereby declare my consent for Divine Pro treatments, as detailed below in this document. I was explained and I understand the expected results, the chances of success and the course of the treatment that is required. I confirm that I do not suffer from any of the above described conditions. I have had the opportunity to consider the following information, ask questions and have had these answered satisfactorily by \_\_\_\_\_ (Physician/ therapist/ practitioner).

**Please initial each paragraph:**

- I understand that the Divine Pro treatment is based on a combination of up to four technologies, including: non-invasive radiofrequency (TriPollar®), non-invasive Dynamic Muscle Activation (DMA), minimally-invasive radiofrequency microneedling (VoluDerm™), and minimally-invasive radiofrequency skin resurfacing (TriFractional™). (\_\_\_\_\_)
- I understand that the TriPollar® technology utilizes non-invasive electrodes that glide on top of the skin to deliver radiofrequency (RF) energy to the deep dermal layer. The RF energy gradually increases the temperature of the skin up to 42 °C in order to trigger the natural heat-shock response of the skin. This, in turn, promotes the activation of dermal fibroblasts and stimulates the process of new collagen production. Therefore, the TriPollar® treatment is intended for skin tightening and wrinkle reduction. (\_\_\_\_\_)
- I understand that the Dynamic Muscle Activation technology (DMA) utilizes four non-invasive electrodes that glide on top of the skin to deliver galvanic energy to an underlying muscle group of the face (called SMAS). The galvanic energy triggers local muscle contractions along the jawlines in order to increase muscle tone and improve jawline contour. DMA can be performed as a stand-alone treatment, or in combination with TriPollar® energy. (\_\_\_\_\_)

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- I understand that the VoluDerm™ technology utilizes an array of ultra-fine RF microneedles that penetrate the skin into the dermal layer (0.6 mm). Each needle then delivers focused RF energy inside the skin in order to trigger the natural heat-shock response of the skin and stimulate regeneration of collagen and other skin proteins. The micro-wounds heal quickly without scarring. Therefore, the VoluDerm™ treatment is intended for skin tightening, wrinkle reduction, scars improvement, and dermal volumizing. (\_\_\_\_\_)
- I understand that the TriFractional™ technology utilizes an array of RF micro-pins that are applied onto the skin to remove pin-point tissue. The micro-pins create micro-ablations on the skin's surface in order to stimulate epidermal resurfacing and skin renewal. In addition, residual heat in the deeper skin layers triggers heat-shock response and stimulates collagen production. Therefore, the TriFractional™ treatment is intended for skin resurfacing, skin tightening, and reduction of fine lines and scars. (\_\_\_\_\_)
- I understand that in VoluDerm™ and TriFractional™ treatments, designated sterile needle tip is used in order to minimize risks of side effects. (\_\_\_\_\_)
- I understand that during the treatment I might feel some heat sensation and discomfort which are expected to fade within a few hours. (\_\_\_\_\_)
- I understand that topical numbing cream might be applied on the skin prior to the VoluDerm™ / TriFractional™ treatments in order to minimize any discomfort during the treatment. (\_\_\_\_\_)
- I understand that after the treatment tiny scabs may appear on my skin where the VoluDerm™ / TriFractional™ tips were applied. I was told that this is part of the natural healing process and the skin is expected to heal within 24 hours to 3 days post treatment and last for a few days. (\_\_\_\_\_)
- I understand that Divine Pro treatments require me to follow a post-treatment regimen in order to minimize risk of side effects and complications. I was instructed to avoid touching the scabs and to only apply authorized skincare and sunscreen according to the instructions of the treating clinician. (\_\_\_\_\_)
- I am aware that any deviation from the post-care instructions could increase the risk of possible side effects, which include: local pain, skin redness (erythema), swelling (edema), damage to the natural skin texture (crust, blister, burn), breakouts, change of pigmentation (hyper-pigmentation or hypo-pigmentation), bruising and scarring. Although these effects are very rare and temporary, any adverse reaction should be reported immediately. (\_\_\_\_\_)

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- I understand that multiple treatments might be required in order to achieve satisfactory results, and that results vary between people. (\_\_\_\_\_)
  
- I hereby give permission for photographs of the intended treatment site for diagnostic and research purposes and to enhance the medical record. I agree that these photographs will remain the clinic's property. I further authorize to use these photographs for marketing and research purposes. It is specifically understood that in any such publication or use, I shall not be identifiable. (\_\_\_\_\_)
  
- I fully understand the Divine Pro treatment, post-treatment protocol, expected downtime, and risk of side-effects. My questions/concerns regarding this procedure have all been answered to my satisfaction. (\_\_\_\_\_)

I confirm that I have read and understand the above information and agree to undergo the treatment of my own free will.

I, the undersigned pledge to inform of all changes in my physical condition.

Date	Name	Signature

Physician/ therapist/ practitioner:

Date	Name	Signature