

ELEVATED IMAGE

Advanced Medical Aesthetics & Primary Care • Joshua Le, DO

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INFORMED CONSENT FOR ENDOLIFT (ENDOLASER) PROCEDURE

Minimally Invasive 1470 nm Sub-Dermal Laser — Skin Tightening & Contouring

Patient name		Date of birth	
MRN		Date of procedure	
Fitzpatrick skin type (I–VI)		Provider	Joshua Le, DO

Treatment area(s): ☐ Lower face / jowls ☐ Jawline ☐ Submental (double chin) ☐ Neck ☐ Nasolabial ☐ Body: _____

1. Procedure Description

Endolift (endolaser) is a minimally invasive procedure that delivers 1470 nm laser energy through a fine micro-optical fiber inserted just beneath the skin through tiny entry points (no scalpel incisions or stitches), typically under local anesthesia. The laser gently heats the deep skin and fibrous tissue to reduce small fat pockets, contract tissue, and stimulate new collagen — improving skin tightness and contour. It is intended for mild-to-moderate laxity and contouring and is NOT a substitute for a surgical facelift in cases of significant sagging. Settings and areas treated are individualized at the provider's discretion.

2. Indications, Expected Benefits & Timeline

- **Indications:** Mild-to-moderate skin laxity; facial and body contouring; submental (double-chin) fat reduction; jawline and lower-face definition.
- **Expected benefits:** Improved skin tightness and elasticity, refined facial/body contours, and minimal downtime compared with surgery.
- **Timeline:** Some effect may be seen early, but tightening and contour improvement develop gradually over 3–6 months as new collagen forms. More than one session may be recommended. Individual results vary and cannot be guaranteed.

3. Alternatives to Treatment

Reasonable alternatives have been discussed with me and include: no treatment; non-invasive skin tightening (radiofrequency, ultrasound, or laser); energy-based or thread lifting; injectable treatments; and surgical lifting or liposuction. Each has its own benefits, risks, downtime, and cost.

4. Medical History & Contraindication Screening

Please answer honestly. Any "Yes" may require clearance, delay, or make you ineligible. Tell your provider if any answer changes before your procedure.

Are you pregnant, trying to conceive, or breastfeeding?	Yes ☐ No ☐
Do you take blood thinners or antiplatelets (e.g., warfarin, aspirin, clopidogrel, NSAIDs, fish oil)?	Yes ☐ No ☐
Do you have a bleeding or clotting disorder?	Yes ☐ No ☐
Any active infection, inflammation, or open lesion in or near the treatment area?	Yes ☐ No ☐
History of cold sores / herpes simplex (HSV) if a peri-oral area is being treated?	Yes ☐ No ☐
History of keloid or hypertrophic (raised) scarring, or poor wound healing?	Yes ☐ No ☐
Diabetes, autoimmune/connective-tissue disease, immunosuppression, or immunosuppressive drugs?	Yes ☐ No ☐
Isotretinoin (Accutane) use within the past 6–12 months?	Yes ☐ No ☐
Permanent filler, implants, or metallic/foreign material in the treatment area?	Yes ☐ No ☐
Recent injectables, threads, energy-based treatment, or surgery in the area (past 2–4 weeks)?	Yes ☐ No ☐
History of hyperpigmentation/melasma, or recent sun exposure/tanning (past 2 weeks)?	Yes ☐ No ☐
Do you currently smoke? (Smoking impairs healing.)	Yes ☐ No ☐

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List any medications, supplements, allergies, or medical conditions not noted above: _____

5. Risks and Potential Complications

As with any medical procedure, risks and complications are possible, including but not limited to:

- **Redness, swelling, bruising & tenderness:** Common at treatment and entry sites; usually resolves over days to 1–2 weeks.
- **Discomfort or pain:** During and after the procedure.
- **Numbness or altered sensation:** Usually temporary as small nerves are affected.
- **Nerve injury:** Rare temporary (or, very rarely, lasting) weakness or asymmetry — for example, an uneven smile if a facial nerve branch is affected.
- **Infection:** Uncommon; entry points must be kept clean. May require antibiotics.
- **Burns, blistering, or thermal skin injury:** Including, rarely, skin necrosis or small burns at entry or treatment sites.
- **Contour irregularity, asymmetry, or over-correction:** Including visible dimpling, lumpiness, firmness, nodules, or excess fat reduction in an area.
- **Pigment changes:** Hyperpigmentation (darkening) or hypopigmentation (lightening), more likely in darker skin types.
- **Scarring:** Uncommon, including at entry points; risk increases with infection or poor healing.
- **Prolonged swelling or induration:** Firmness or small lumps that typically soften over weeks.
- **Incomplete or unsatisfactory result:** Results vary; additional sessions may be needed and some laxity may not fully improve.
- **Allergic reaction:** To local anesthetic or topical products.

6. Pre- & Post-Procedure Care

- I have been informed of pre-procedure care, including avoiding blood thinners, NSAIDs, fish oil, vitamin E, and alcohol before treatment as directed to reduce bruising.
- I have received and agree to follow the Endolift Post-Procedure Care instructions, including wearing any compression garment as directed, activity/heat restrictions, entry-site care, and sun protection.
- I understand that prescription medications may be provided — commonly an oral antibiotic (to reduce the risk of infection) and/or an oral corticosteroid (to reduce swelling) — and I agree to take them exactly as prescribed and to complete the full course.
- I will report any signs of infection, burns, persistent numbness or facial weakness, or other adverse reactions promptly.

7. Photography & Records

I consent to clinical photographs/video before, during, and after the procedure for my medical record, treatment planning, and evaluation of results. Any use beyond my record (education, training, marketing) will occur only with my separate written authorization.

8. Financial Acknowledgment

I understand this is an elective cosmetic procedure not covered by insurance. I am responsible for all fees, including any additional or maintenance sessions and any treatment of complications. Deposit, package, and cancellation terms have been disclosed to me by the clinic.

9. Patient Acknowledgments

- I understand the nature of the procedure, the expected downtime, and the alternatives, including no treatment.
- I understand medicine is not an exact science and no guarantee has been made about the outcome or the number of sessions required.
- The information I have provided in the screening above is true and complete to the best of my knowledge.
- I am not pregnant or breastfeeding, or I have disclosed this to my provider (if applicable).
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I understand I may withdraw my consent and stop treatment at any time.

10. Consent and Authorization

I have had the opportunity to ask questions regarding the Endolift laser procedure, its risks, benefits, and alternatives, and all questions have been answered to my satisfaction. I consent to its performance by Joshua H. Le, DO, and/or his designated staff, and I acknowledge that no guarantees have been made regarding the outcome.

Patient name (printed)

Date

Patient signature

Date

Provider signature (Joshua Le, DO)

Date

Witness (if required)

Date

