



Viraj V. Tirmal, MD

Viraj V. Tirmal, MD LLC

AquaFirmeXS Patient Information and Consent

This document has been prepared to inform you about the AquaFirmeXS device, its risks, precautions, as well as contraindications to the treatment. It is important that you read this information carefully and completely.

AquaFirmeXS is a multifunctional device which combines 3 technologies in 1 platform, delivering customized cosmetic treatments for every skin type and condition.

- **EVO:** a technology based on proprietary micro-cupping and conical evacuation utilizing bio-based serums, to cleanse & remove debris from the skin and increase hydration simultaneously
- **EXO₂:** a technology based on vibration with Surface CO₂ to promote oxygen-rich environment for the most effective microdermabrasion. | Soft Waves LED CO₂/O₂
- **ULTRA:** a technology based on 1MHZ ultrasound waves to micro-heat the skin. The ultrasound waves assist in breaking down the texture of the serum to help improve absorption by the skin

What to expect:

- Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 24 hours depending on skin sensitivity.
- You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
- Patient experiences may vary. Some patients may experience a delayed onset of these symptoms.
- You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
- The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 25 sunscreen.

Absolute Contraindications (We cannot perform service if any of the conditions below are checked). Do any of the below apply to you?

- ☐ Accutane or other similar medication
- ☐ Autoimmune disease, HIV, lupus, hepatitis, scleroderma
- ☐ Active infection in the treatment area
- ☐ Melanoma or lesions suspected of malignancy
- ☐ Active Sunburn
- ☐ Pregnancy (medical-legal)
- ☐ Breastfeeding (medical-legal, may increase skin sensitivity & likelihood of PIH)
- ☐ Epilepsy contraindicated for LED light on EXO₂ (can perform without LED light Therapy)
- ☐ Metal implants, pacemakers, defibrillators, nerve stimulators or any in-vivo electronic devices contraindicated for ULTRA
- ☐ Filler injections less than 4 weeks (recommended to wait at least 4 weeks after injectables)

Relative Contraindications: Do any of the below apply to you?



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- ☐ Anticoagulants therapy (use lower settings)
- ☐ Very thin skin
- ☐ Other Aesthetic Treatments such as mesotherapy, peeling, resurfacing, injections on the area of cosmetic treatment; allow two weeks for the skin to rest

Other Concerns:

- ☐ Keloids: avoid direct contact
- ☐ Rosacea, telangiectasia (use lower vacuum)

If any of the above requires further detail, please state below:

Please list any known allergies:

Specify your areas of concern (i.e. eyes, forehead, etc.):

Any other relevant medical history or medical issues, kindly describe them here:



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I acknowledge the following:

- I will avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinol that are not part of the recommended take-home regime in the treated areas for minimum 2 weeks post-treatment.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the AquaFirme treatment by Viraj V Tirmal MD LLC.
- By signing below, I acknowledge that I have read the above information and give my consent to be treated with AquaFirme.
- This consent form is valid for all future AquaFirme treatments. I will alert the physician if there are any future changes to my medical history.

I have read and understand this document, and I consent to the treatment proposed for me. I hereby authorize Dr. Viraj Tirmal, or _____ under Dr. Tirmal's supervision to begin my AquaFirme XS treatment.

This consent form is valid for all future AquaFirme XS treatments. I will alert the physician if there are any future changes to my medical history.

Patient Name (print)

Date

Address

Signature

Medical Personnel Statement: I have fully explained the nature and purpose of the AquaFirme XS treatment and the potential risks associated with that treatment. I have asked the patient if he/she has any questions regarding the recommended treatment or the risks and have answered those questions to the best of my ability. I also acknowledge that I have read and understand the prescribing information listed above.

Medical Personnel Name (print)

Signature