

## SOFWAVE™ SYSTEM

### PATIENT CONSENT FORM

I understand that there are many types of treatment for fine lines and wrinkles and that each has its own benefits, risks, and potential side effects. The treatment with the Sofwave System requires a non-invasive, dermatological procedure performed by a healthcare provider who is trained on the use of this product.

我了解有许多治疗细纹和皱纹的方法，每种方法都有其自身的好处、风险和潜在副作用。Sofwave 系统的治疗需要由经过对该产品使用培训的医疗服务提供者进行的非侵入性皮肤程序

I understand that there may be some discomfort during the treatment when the ultrasound beam is being delivered. My healthcare provider may choose to apply a topical anesthetic, administer nitrous oxide, nerve blocks, oral pain medications, and/or intramuscular medications to me before the procedure to minimize the pain.

我了解在超声波束传递过程中可能会有一些不适。我的医疗服务提供者在进行该程序前可能选择使用局部麻醉、施用笑气、神经阻滞、口服止痛药和/或肌内注射药物，以减轻疼痛

Following treatment, there may be some redness and/or swelling in the treatment areas that may last for a few hours; there should be no pain when the procedure is complete, while post-procedure discomfort or tenderness is possible.

治疗后，治疗区域可能会出现一些红肿，持续时间可能会达几小时；在操作完成时不应有疼痛，但可能会有术后不适或嫩感

My experience in receiving the treatment and the results of my treatment may be different from others. While receiving treatment with the Sofwave System can provide potential benefits for me, there are also potential risks/complications associated with the treatment. These risks include, but may not be limited to, the following:

我接受治疗的经历和治疗结果可能与他人有所不同。虽然使用 Sofwave 系统进行治疗可能对我有潜在的好处，但与治疗相关的潜在风险/并发症也存在。这些风险可能包括但不限于以下

- |                                      |            |
|--------------------------------------|------------|
| ○ Burn                               | ● 烧伤       |
| ○ Significant pain                   | ● 明显疼痛     |
| ○ Tenderness                         | ● 嫩感       |
| ○ Changes in skin pigmentation       | ● 皮肤色素变化   |
| ○ Ulceration/Erosion                 | ● 持续红肿     |
| ○ Bruising                           | ● 淤青       |
| ○ Persistent redness and/or swelling | ● 面部微红，微肿胀 |

## Do you have any of the following?

### Contraindications

- Pacemakers and electronic device implants in treatment area(s)  
治疗区域内是否有起搏器和电子设备植入物 是/否
- Open wounds or lesions on the treatment area(s)  
治疗区域内是否有开放性伤口或病变 是/否
- Severe or cystic acne on the treatment area(s)  
治疗区域内是否有严重或囊性痤疮 是/否

### Precautions

- Pregnant or planning to become pregnant, and/or breast feeding.  
怀孕或计划怀孕，最近三个月内生过孩子，和/或正在哺乳。 是/否
- Presence of any active systemic or local infections.  
存在任何活动性的全身性或局部感染。 是/否
- Presence of active local skin disease that may alter wound healing.  
存在可能影响伤口愈合的活动性局部皮肤病
- Significant scarring in the area to be treated.  
要治疗区域有明显的瘢痕
- Presence of a metal stent or implant in the facial area.  
在面部区域有金属支架或植入物
- Taking Isotretinoin or other retinoid within the past 6 months  
在过去的 6 个月内是否使用异维 A 酸或其他类似物质 是/否
- Current or history of melasma.  
目前或曾经患有黄褐斑

*By completing this Patient Consent Form, I am consenting to the treatment with the Sofwave System and acknowledging that I have read and understood the following points and all information contained in this form and made an informed and careful decision to receive the treatment with the Sofwave System.*

通过完成此患者同意表格，我同意接受 Sofwave 系统的治疗，并承认我已阅读并理解以下要点以及此表格中包含的所有信息，并经过深思熟虑做出了接受 Sofwave 系统治疗的知情和谨慎决定