



INFORMED CONSENT FOR MOXI

I authorize Refine MD to perform MOXI treatments on me. I understand that the Sciton Moxi is intended for the treatment of actinic keratosis, and treatment of benign pigmented lesions such as, but not limited to, lentigos (age spots), solar lentigos (sun spots) and ephelides (freckles), and other dermatological conditions such as melisma. I understand that clinical results may vary in different skin types.

I understand that as with any similar type of treatment there is a possibility of rare side effects such as scarring and permanent discoloration as well as short term effects such as reddening, mild burning, and temporary discoloration of the skin. These effects have all been fully explained to me.

- I understand that the treatment by the Sciton Moxi system involves payment, and the fee structure has been fully explained to me.
- I understand that there are other options for treatment available and each of these other options has been fully explained to me.

I understand that I may have some degree of swelling immediately post-treatment, however, if I experience excessive swelling or any of the following signs of infection, I will immediately contact Refine MD during business hours or my primary physician's office.

Signs of infection include:

- Drainage that looks like pus
- Fever

Itching and a feeling of warmth are common post-treatment.

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Signature: _____ Date: _____