



Pacific Clinic

MIRADRY CONSENT FORM

MiraDry is a non-surgical treatment designed to permanently reduce underarm sweat, odor, and hair in as little as one treatment, and optimal results in two.

Clinical studies have demonstrated an average reduction of 82% in underarm sweat with two treatments. Like any other medical procedure, results can vary from patient-to-patient.

SIDE EFFECTS AND RISKS:

- Due to the anesthesia, you may experience bruising at the injection sites. You may also experience shaking, numbness or tingling in the arm, lasting less than 24 hours.
- After the treatment, you may experience swelling, redness, temporary altered sensation, tingling, soreness, weakness, tight banding, pain, or bumps under the skin in the treated area and/or upper arm. In most cases, these side effects will gradually go away. In rare cases, it can last for several months.
- Discomfort, tenderness, or pain in the underarm is typically treatable with non-prescription medications such as ibuprofen. In rare cases, prescription medications may be needed.
- In rare situations, hyperpigmentation, burns, infections, rashes, and altered sweating in other areas of the body may occur.
- In rare situations, cysts may occur; generally goes away but can be long lasting.
- In rare situations, weakness/numbness/pain in hand/fingers; generally goes away but can be long lasting.

RESULTS:

- Results vary from person to person. You may decide that additional treatments are necessary to achieve your desired outcome. Although highly unlikely, it is possible that you will not experience any noticeable result from the procedure.

CONTRAINDICATIONS:

- heart pacemakers and other electronic device implants
- in need of supplemental oxygen



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- known history of intolerance of local anesthesia, including lidocaine and epinephrine
- pregnancy
- underlying skin conditions
- previous axillary surgery
- using any medications that may hinder treatment administration or post treatment healing

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with the miraDry procedure by the physician(s) in this practice and his/her designated staff.

Patient Name: _____

Patient Signature: _____

Today's Date: _____