Please read and initial each statement.

I have read the **Radiofrequency Skin Tightening, Body Contouring and Cellulite Treatment Information and Treatment Instruction Sheet** and have had an opportunity to ask questions about the treatment and I am satisfied with the answers.

The cost of treatment has been discussed with me and I agree to pay this amount. U Cosmetic does not give refunds for treatments.

I authorize the physician, nurse or laser technician to perform RF treatments on me.

**I understand:**

- there may be side effects of RF treatments that include **redness** that can last 10 to 30 minutes or longer. **There may be hot areas, snaps or shocks lasting for seconds** and **tenderness and bruising** which can last up to a few days. Uncommon side effects include small **skin burn, temporary swelling** and rarely, small dimpled **scarring.** There may be risks not yet known at this time.

- RF treatments **cannot stop** the formation of new cellulite or prevent future skin aging. Weekly treatments provide the best outcome in most individuals. While it is expected to see an improvement in the treatment area after the third to fourth treatment, **results vary between individuals. Some people exceed our expectations and some people respond below expectations. Although good results are expected, with the focus on improvement and not perfection, every person is unique and it is impossible to guarantee results.**

- Results for facial treatments should start to be apparent by the 3rd or 4th treatment. Body treatments may take longer to show improvement. If improvement is not noticed than another service may be required.

- there may be increased risk if I do not follow the aftercare instructions.
• there are other options for treatment including not having the procedure.

I authorize the taking of clinical photographs for:
☑ my clinic record
☐ research and education (discretion applied)
☐ publication
☐ the U Cosmetic website (discretion applied)
☐ the U Cosmetic Brag Book kept in the clinic (discretion applied)

I have read and understand this Radiofrequency Skin Tightening, Body Contouring and Cellulite Treatment Consent Form. I have had an opportunity to ask questions and all of my questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient name (please print)  Date  Signature

Witness name (please print)  Date  Signature

love being U