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Radiofrequency Treatment for Skin Tightening, Body Contouring and Cellulite CONSENT FORM

Please read and initial each statement.

I have read the **Radiofrequency Treatment for Skin Tightening, Body Contouring and Cellulite Information and Treatment Instructions** 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. _____

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** 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. Results are very individual. While it is expected to have a **40% to 50% improvement** in the treated area after a completed series of weekly treatments, it is impossible to guarantee results. Some people exceed our expectations and some people respond below expectations. Weekly treatments present the best outcome in most individuals. **Although good results are expected, with the focus on improvement and not perfection, every person is unique and it is impossible to guarantee.** _____
- 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 Treatment for Skin Tightening, Body Contouring and Cellulite Consent Form**. My questions have been answered satisfactorily by the doctor or nurse. I accept the risks and complications of the procedure.

Patient name (please print) Date Signature

Witness name (please print) Date Signature

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