

Name: _____ Date of Birth: _____
 Contact Tel # (Cell): ____-____-____ (W): ____-____-____ (H): ____-____-____
 Email: _____ Consent to use: __Y __N
 Address: _____

Please read and initial this document carefully:

- _____ I understand the expected results and risks of radiofrequency skin treatment with the ThermiRF System
- _____ The ThermiRF System equipment may present a hazard to patients with implantable devices, such as any piercings, pacemakers, imbedded defibrillators, and Cochlear ear implant. I understand that I must inform the Service Provider prior to being treated with radiofrequency equipment.
- _____ Since ongoing feedback by a patient during a procedure is required, if you have nerve insensitivity to heat anywhere in the treatment area, I understand that I should not be treated with the ThermiRF System.
- _____ The ThermiSmooth treatment uses the ThermiRF equipment and is unstudied and unknown patients with autoimmune disease, diabetes, or herpes simplex. I understand this document and give my consent to receive treatment with the ThermiRF radio frequency system.
- _____ I understand that I may feel an electric shock similar to a static discharge in a dry environment when the electrode makes contact or is removed from the skin. A common comparison is the static shock you might feel when touching something after dragging your feet across carpeting. Beard stubble should be thoroughly removed prior to treatment as remaining stubble may accentuate shocks.
- _____ I acknowledge that when the eyelids area are to be treated directly, I will have plastic, non-conductive eye shields covering my eyes.
- _____ All jewellery and makeup, including lotions, eyeliner and eye shadow should be removed from the treatment area prior to treatment.
- _____ I am not pregnant or currently trying to become pregnant.
- _____ I understand that cut, wounded or infected skin will not be treated as this could promote infection and injury.
- _____ Treatment Experience: Slight discomfort may be experienced while undergoing treatment. Typically the discomfort is mild and temporary during the procedure and localized within the treatment area. During the treatment you should feel warmth and heat and provide ongoing feedback to the Service Provider performing the treatment.
- _____ I understand that inadequate or impaired feedback may lead to burns or injury. Ongoing feedback should be provided by me to the Service Provider performing the treatment to avoid excessive discomfort.
- _____ I understand that no anaesthetic (local, oral, or systemic) should be required prior to or during the treatment.
- _____ Possible side effects of the ThermiSmooth treatment have been explained to me and I understand that it is usually treatment-site related and include mild discomfort during the procedure localized within the treatment area. Mild swelling and redness may occur which typically goes away within 2 to 24 hours.
- _____ Diligent protection from sun exposure and application of sunscreen after treatment will minimize pigmentation changes. A regimen to moisturize and soothe skin for one week post-treatment is recommended.
- _____ It has been explained to me that this is a cosmetic procedure and not covered by insurance. No guarantee of results has been made and payment of this treatment is non-refundable.
- _____ I understand that more than one treatment may be recommended to achieve the best results.
- _____ I consent that measurements and before, during and post photographs will be taken of treatment area.
- _____ I consent that these photographs can discreetly be used by this Medi-Spa for promotional or educational use.

My signature below signifies that all of my questions have been answered during my consult. I understand the risks, complications, expected results, and expense of the treatments. I have read and understand this document and give my consent to receive treatment with the ThermiRF radio frequency system.

Print Client Name

Signature of Client

Date

Print name of Service Provider

Signature of Service Provider

Date