

CONSENT FOR VIVACE MICRONEEDLING RADIOFREQUENCY TREATMENT

I authorize The Skin Shop Medspa and or their designee, to perform Vivace micro-needling Radiofrequency treatment to treat scars, wrinkles, loose skin and dyschromia (uneven color of the skin). I understand that this procedure is not covered by insurance.

I understand the following (please initial each blank line if you understand):

_____ Mild to serious complications and side effects are possible, including but not limited to, scars, white spots, dark spots, burns, redness, sunburn like reaction, blistering, crusting, itching, pain, bruising, skin whitening, skin darkening, infection, scabbing, swelling and failure to achieve the desired result. Complications may be temporary or permanent. Interruption of work, school, employment or lifestyle is possible.

_____ The treatment may or may not be permanent. Furthermore, some skin problems will not go away with this treatment. Freckles may darken or lighten and may temporarily or permanently disappear in treated areas.

_____ There is the possibility of coincidental hair removal in the treated area which may be temporary or permanent. It is unlikely but possible that new or increased hair growth will occur in the treated area.

_____ Sun exposure (including cloudy days), use of tanning lamps, self-tanning creams or not adhering to the post-care instructions provided will dramatically increase the chance of all complications.

_____ I understand the importance of having an accurate diagnosis of pigmented lesions (any spot on the skin) by a physician prior to treatment to avoid delaying treatment of a skin cancer or pre-skin cancer. I understand that I am NOT being evaluated at this time for any skin condition.

_____ I understand there are no guarantees regarding the results, complications or side effects associated with this treatment. No verbal guarantees of any kind have been made to me associated with this treatment.

_____ I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, marketing, advertising or sales purposes. My name will not appear on any photographs without my consent.

_____ Pre-and post-treatment instructions have been discussed with me. I have read and understand the attached warnings. This treatment as well as alternative treatment options and the potential benefits and risks of each have been explained to my satisfaction.

_____ I have had all my questions answered.

_____ I freely consent to the proposed treatment.

_____ Treatment of any complications will be an additional cost at the patient's expense.

_____ I release The Skin Shop Medspa and all of their employees and agents from all liability including but not limited to their negligence associated with treatment.

Patient's signature: _____ Date: _____
Print name: _____

Reviewed with: _____ Date: _____
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