

pelle — spa

Informed Consent for Diamondpolar RF

Full Name _____ Age _____ Date _____

The Venus Versa Diamondpolar RF is intended to treat fine lines and wrinkles, and skin laxity. The device delivers RF (radio frequency) energy targeted at tissue, designed to damage and stimulate the healing process in the body. The RF stimulates the production of new collagen and elastin thus tightening skin and smoothing fine lines and wrinkles.

You may or may not experience the following.

- Discomfort is generally mild if any.
- Warmth, redness, and itching may persist for a few minutes to several hours after treatment.
- Burns and blisters are rare but may occur as a result of treatment.

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if I choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

Signature

_____ Date _____

Signature of Parent/Guardian (if patient is under 18)

----- Date -----

Provider Name and Signature

----- Date -----

*This consent is good for one year.