

Radio Frequency Consent Form

About Radio Frequency:

Radio frequency instantly and continually tightens the skin on both the face and body.

Its immediate response is called the "Cinderella Effect". This effect may only last for a couple of days, however long-term, new collagen and elastin is formed resulting in a tighter, firm, plump youthful skin. Visible results can be seen after 3-6 months as the newly synthesized collagen matures.

How it works:

A bi-polar electrical current generates heat creating a controlled trauma in the skin producing collagen and elastin synthesis to instantly firm and tighten the skin. Using thermal heat (39-42 degrees), the body responds to this controlled trauma by releasing heat shock proteins then fibroblasts. Results are immediate and long term.

6-10 weekly treatments is recommended, follow up treatments every 3-6 months

Key Factors to Consider:

Best results will be seen by undertaking multiple treatments in the recommend treatment intervals, in conjunction with a complimentary home skin care regime.

□ Pregnancy, nursing or abdomen treatments during menstruation.
□ Pacemaker or internal defibrillator
■ Metal implants or other implants in the treatment area (dental implants are permitted)
☐ History of cancer
□ Impaired immune system
☐ Severe concurrent conditions such as cardiac disorders, metabolic disorders or epilepsy.
☐ Any active skin condition in the treatment area, such as sores, psoriasis, eczema
☐ Injected chemical substance, threads, synthetic fillers, fat grafts or silicone implants in the treated area
☐ Sensory impairment such as nerve lesions, and neuropathies.
☐ History of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.
☐ Use of Roaccutane within 6 months prior to treatment.
☐ Bleeding disorders, coagulopathies, areas of thrombophlebitis, or use of anticoagulants.



In Relation to Radio Frequency treatments, these are some pos- usually temporary, it is important to make your clinician aware if the following effects:	
□ Prolonged pain	
☐ Excessive and persistent skin redness	
☐ Excessive and persistent swelling	
□ Damage to natural skin texture (crusting, blister, burn)	
☐ Allergic reactions	
☐ Irritated skin	
□ Bruising	
☐ Change of pigmentation (hyper-pigmentation or hypo-pigmentation)	itation)
□ Scarring	
☐ Transient skin break-outs such as acne and/or pimples	
I, correct, and that I have been advised and fully informed of the F process proposed, along with all risks, responses and pre and p them to perform such process and perform such services as ma My signature below constitutes my acknowledgement that: 1. I have read, understand and fully agree to the foregoing	post care instructions. I hereby authorize and direct
2. Understand the caution and contraindications for each proce3. Give consent to the proposed process that has been satisfacted ad-dressed	
 4. I hereby give my consent and authorization voluntarily and release	thin this period will incur a 50% treatment fee any other services or products
Client Full Printed Name	
Client Signature	Date
Witness Signature	Date