

San Carlo's EYE CARE

www.sancarloseyecare.com

RADIOFREQUENCY CONSENT AND RELEASE FORM

Contraindications for radiofrequency are as follows.

Please read and INITIAL each item below:

_____ I am neither pregnant nor breastfeeding.

_____ I do not have any of the following implantable devices:

- Pacemakers
- Heart valves
- Defibrillators
- Deep brain stimulation (DBS) devices
- Hearing aid implants

_____ I do not have any silicon, Bio-Alcamid, or any other permanent fillers in the intended treatment area.

_____ It has been more than two weeks post-Botox or other injectables, including dermal fillers.

_____ I have no active or open wounds in/on the area of treatment.

_____ I do not have any nerve insensitivity to heat in the treatment area or neutral pad area.

_____ I do not have any permanent metal lifting threads, or any other permanent injectables, in the dermis of the area intended for treatment.

_____ I do not have any uncontrolled autoimmune disorders, diabetes, or any infectious disease, such as HIV, that could impair my body's wound healing.

_____ I do not have a history of cancer in the area intended for treatment, unless I have written clearance from a medical doctor.

**If any of the above contraindications apply, you should NOT proceed
with the Eterna radiofrequency treatment.**

My consent is informed and voluntary. I understand this is an elective procedure and that I may withdraw my consent at any time except for actions already taken. I also understand that all patients are different and exact results of this procedure and treatments cannot be predicted or guaranteed. By signing this form I agree with the statements above and give my consent to proceed with the Eterna radiofrequency treatment.

Patient Name (Please Print)

Today's Date

Patient Signature