**AVATAR LIFTING THERAPY CONSENT FORM**

I hereby authorize Jennifer Alarcon , LE to perform Avatar Lifting Therapy on the following area(s):

Eyes\_\_\_\_\_\_\_\_\_\_ Neck\_\_\_\_\_\_\_\_\_\_\_\_ Mouth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that this procedure is purely elective. What to Expect:*

* Depending on the area of your face or body being treated, the procedure is tolerable and in some cases virtually painless, feeling only a mild prickling sensation.
* The professional will apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
* Your skin will be pink and brown appearance, 4-10 days post treatment
* Swelling will occur for minimum three days post treatment when the procedure is performed on the eye area. 1-2 days mild swelling on other areas.
* Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.
* In order to achieve optimal result, it is essential that you following the post care kit instructions and procedure.

*Possible Side-Effects:*

* Side effects or risks are minimal with this type of treatment and typically include flaking or dryness of the skin with scab formation that will dissipate by day 3-5TH.
* Hyper-pigmentation (darkening of certain areas of the skin) can occur do to the exposure to sun or heat after the scab dissipate, rarely and usually resolves after 1 or 2 months with the application of an anti-hyper-pigmentation and VITAMIN C serum or alike product.
* If you have a history of cold sores, this procedure may cause flare up you must take the anti-viral medication (2-3 days pre and post to treatment.)
* Temporary redness and mild-sunburn sensation may last up to 4 days.
* Freckles may temporarily lighten or permanently disappear in treated areas.
* Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired results. Permanent scarring (less than 1%) is extremely rare.

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical or cosmetic condition has been explained to my satisfaction, as have been any substantial or significant risks of harm. I am also aware of and accept the risk of rare and unforeseen complications, which may not have been discussed and which may result from this treatment.

I have had the opportunity to ask questions and seek clarification of this procedure and its alternatives including no treatment and my questions have been answered satisfactorily. I understand the following contraindications listed below and will notify my provider if any of the following apply to me:

* Active infections - viral, fungal, bacterial
* Rashes, warts, skin cancer
* Active acne
* Immune-suppressed patients
* Skin-related autoimmune disorders
* Pregnant or breast-feeding
* Patients on anticoagulants (NSAIDS, ASA, Coumadin/Warfarin)
* Recent ablative dermal procedures
* Rosacea
* Diabetes
* Actinic (solar) keratosis
* Keloids
* Mayor heart problems
* Alcohol in the last 48 hours

**NO DIRECT SUN OR HEAT EXPOSURE (6 months) OR ALCOHOL BEFORE AND AFTER TREATMENT**

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Client signature Date

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Esthetician Signature Date