Bu4u Salon Spa & Medical Aesthetics

**TREATMENT OF NAIL FUNGUS**

I hereby authorize a delegated associate of Bu4u Salon Spa & Medical Aesthetics to perform the Genesis Nail Fungus treatment on me. I understand that this procedure works on promoting vibrant and healthy looking nails by creating a thermal response in the dermis that stimulates new cell turn over. I understand that multiple treatments may be required and it is possible the result will be minimal or not help at all.

I am aware of the following possible experiences/risks:

• DISCOMFORT – A slight warming sensation may be experienced during treatment. • REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising. • EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Possible alternative procedure
- Probability of success
- Reasonable anticipated consequences if the procedure is not performed • Most likely possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep *Bu4u Salon Spa & Medical Aesthetics* informed should I become pregnant during the course of treatment.

**Please initial:**

Photographic documentation will be taken. I hereby do____do not____authorize the use of my photographs for teaching purposes.

**ACKNOWLEDGMENT**

**BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR GENESIS NAIL FUNGUS TREATMENT, AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.**

______________________________ ______________________________ ____________

Signature-Patient or Guardian Print Name/Relationship Date

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Signature-Witness Print Name Date