

APHRODITE OF THE DESERT

928-487-5080 aphroditeofthedesert.com

Client Consent Form

First Name:	Last Name:
Date of Birth:	Phone Number:
Home Address:	
Email Address:	

The client has been informed about the plasma skin tightening technique (plasma therapy) by technician. The nature of the procedure, it's purpose, it's benefits, duration, expected results, possible risks, pain level and other temporary or permanent consequences have been explained to the client in detail.

Technician is obligated and agrees to perform the treatment in strict compliance with all hygiene and health protection measures.

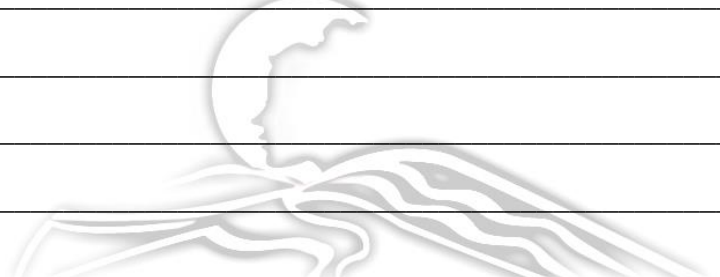
In order to perform the treatment in a safe manner, please answer the following health related questions truthfully. This information is confidential and will not be shared with any third parties.

Do you have diabetes (type 1 or 2)?	YES	NO
Do you have any type of hepatitis (A, B, C, D, E, F)?	YES	NO
Do you suffer from any skin condition (rosacea, impetigo, erysipelas, lupus, scleroderma or any other disease)?	YES	NO
Do you have a history of skin sensitivity (eczema or atopic dermatitis)?	YES	NO
Do you have allergy to medications, food, metals, makeup, or any other compound?	YES	NO
Do you have any heart related problems?	YES	NO
Are you pregnant?	YES	NO
Are you breastfeeding?	YES	NO
Are you wearing a pacemaker?	YES	NO
Do you have any problems healing from wounds?	YES	NO
Do you tend to develop keloid or hypertrophic scars?	YES	NO
Have you consumed alcohol or drugs in the past 24 hours?	YES	NO
Have you had a Botox injection within 1 month?	YES	NO
Have you ever had PMU or any cosmetic treatment?	YES	NO
Do you routinely use Retinol-A, glycol or other exfoliating products?	YES	NO

Client initial _____

If you answered "Yes" to any of the questions above, use the space below to provide an explanation. Correlate your explanation to a specific question number. A "Yes" answer does not indicate you're not an acceptable candidate for the treatment. It may simply be information that is valuable for the technician as each person's body is unique or it may indicate that based on any health condition that affects the natural healing process of the skin, it would be advisable or required for you to consult with your physician before proceeding.

If this form has not referred to a medical condition you have please list it below:



I, _____, do hereby agree to the following. I am allowing Aphrodite of the Desert or Designated Photographer to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

In addition:

I give permission for my photos to be used for education _____ (initial)

I give permission for my photos to be used for advertising _____ (initial)

I give permission for my photos to be used on the Aphrodite Website _____ (initial)

At my request, my identity will remain anonymous. _____ (initial)

At my request, my photos will only be used for my chart. _____ (initial)

Client hereby releases technician and company, and any and all persons representing the company, for all claims, demands, damages, actions, and cause of action arising out of the performance of these services. **YES NO (please circle)**

Technician and Company accepts liability in compliance with legal measures and regulations in the case of negligence or carelessness or intentionally or negligently caused injuries or threat to life, body, and health.

Client is informed in detail about the specific risks of the Plasma Skin Tightening technique.

Risks:

During the treatment, despite the staff's expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced and top-quality products, allergic reactions are possible but very rare. The client is informed about this and he/she assumes liability. During and after the treatment temporary swelling, redness and/or itching may occur. Experience tells us that these symptoms are temporary. After the procedure, the skin will be red and flushed in a similar way to a moderate sunburn. You may also experience skin tightness and mild sensitivity to the touch on the area being treated. These effects will diminish greatly a few hours following treatment. After 3 days most visible erythema will be absolved.

The results of applied treatment can be different due to differences in the skin quality, thus said, there is no warranty for the success of the treatment. To achieve desired results, multiple treatments might be needed although rare. The duration of these results will vary depending on the area being treated, skincare routines, and skin quality of client. Plasma Skin Tightening always leads to skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate aftercare measures in the healing phase of the skin can lead to poor results and the technician and company, and all persons representing the company cannot be liable for it.

- Do not wash your face for at least 5 hours, optimally 12 hours, after the treatment. Within the next 3 days after the treatment or as needed, apply a special kind of aftercare product (Neoskin Aftercare Balm) according to detailed instructions for use.
- Do not apply makeup on the facial skin including eyelids for a minimum of 24 hours after the treatment and ideally for 48 hours for reassurance.
- In the first week after the treatment, do not expose to direct sunlight for 2 days by no means and wear dark sunglasses and hat and avoid public bathing, sun bathing, tanning salon, sauna, beauty treatments and intense training accompanied by sweating (sport activities), contact with the dust (household chores, etc.)
- Two weeks after the treatment do not use Botox as well as Dermal Fillers. Plasma Skin Tightening can be safely performed 4 weeks after the treatment with Botox or implantation of Dermal Fillers has been done.

Client Initial _____

The technician, company, and all other persons representing the company cannot be liable in case of importer post-treatment care.

I confirm that I have read and understood the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure.

YES NO (please circle)

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about the treatment and I received a clear and understandable response to all of my questions by the technician and associates.

YES NO (please circle)

The treatment and post treatment care were explained to me in detail and I understand it and agree with it. YES NO (please circle)

Client's Name: _____

Client's Signature: _____

Date: _____

The consent is valid without stamp and signature

