

# Lipo Light South Bay MICROCURRENT Consent and Release Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB \_\_\_\_\_

## Program and Background

You have requested to be treated with a Microcurrent machine, and understand that this is a cosmetic treatment. Microcurrent is a low level of electrical current that mirrors the body's own natural current. It's proven and accepted properties and potential range of applications from wound healing, muscle rehabilitation, and macular degeneration. The intended use for The Microcurrent device is to aid in the battle of anti-aging by diminishing the appearance of fine lines and wrinkles, improving the texture and appearance of the skin, re-educating and toning facial muscles, and reducing the overall visual appearance of aging. It is a popular non-invasive service that gives you the freedom to attain anti-aging goals without the recovery, downtime, and expense of surgeries. The purpose of this document is to make you aware of the nature of this product and its risks in advanced so that you can decide whether to go forward with this procedure. Microcurrent therapy has been approved by the FDA to increase local blood flow and circulation,

## Procedure

Initially you will consult with the therapist to determine if you are a candidate for the Microcurrent therapy. During this time you will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for this procedure, there will be a few preliminary steps consisting of: initial paperwork, pre and post treatment photos and suggested course of treatment. It is recommended that a patient will need a minimum of 6 to 12 treatments for the Microcurrent therapy to achieve its desired effect over a period of four to eight weeks. This treatment should be used in conjunction with a good skin care as results will happen faster and be more dramatic if used with a high quality anti-aging or moisturizing skin care product. Microcurrent treatments are considered safe, and chances of irritation or side effects are rare.

## Risks/Discomforts/Warnings

Using the Microcurrent skin rejuvenation system is safe and has been used for years in numerous medical procedures, spas, the offices of aestheticians and dermatologists and consumers around the world. Always rest during the treatment. (a) If you are using a thyroid medication or have a thyroid condition, please consult a medical professional. (b) If you are pregnant or taking medication (such as Tetracycline) which causes light sensitivity, you should consult your physician before using getting Microcurrent Treatments.

## Benefits

The current is reputed to help tone and strengthen the muscles of the face, increase blood flow, encourage lymph draining (clearing toxins from tissue), stimulate cellular renewal, and promote the production of both collagen and elastin, the elements that help face to retain its shape. Results include toned muscles which can help brow and jaw lines appear more defined, reduced appearances of fine lines and wrinkles, improved skin texture, better facial circulation, and a youthful "glow" to the face.

## Consent

This is a strictly a voluntary cosmetic procedure. No treatment is necessary or required and the Microcurrent therapy has been chosen. I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for South Bay Lipo Light to perform the described treatment. The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction.

\_\_\_\_\_ Initial

I understand that a minimum of 6 to 12 treatments are required to achieve full results and that this is a cosmetic procedure. At that point, I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals.

\_\_\_\_\_ Initial

I understand that there are contra-indications and I have been informed not to receive this treatment if I have any electrical device implanted, diabetic, thrombosis, epileptic or pregnant.

\_\_\_\_\_ Initial

I understand that possible side effects include, but are not limited to :skin tightness, and redness.

\_\_\_\_\_ Initial

I understand that the results of this treatment may vary due to conditions such as age, condition of skin, sun damage, damage due to smoking, climate, etc.

\_\_\_\_\_ Initial

I understand that any injections (botox, restylane, steroids, cortisone,etc) should be avoided for 10-14 days before or after this treatment, and that a minimum SPF 30 sun block protection should be used.

\_\_\_\_\_ Initial

No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent

to this procedure. I herby give my consent to have this procedure. If at any time during the Microcurrent procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/ or terminate the session at my discretion.

The undersigned assumes all responsibility for behavior of self and their clients and agrees to abide by all Rules and Procedures of the property. The clients and all persons on the premises by invitation of the clients herby hold Lipo Light South Bay , its employees, the Corporation or any individual connected in any way to Lipo Light South Bay, harmless for any responsibility or liability for any accident, injury illness or damages sustained by or to any person or their personal property during their treatment appointments or use of facilities. Lipo Light South Bay shall be indemnified and held harmless by the clients, and clients agree to pay all costs incurred in connection with any accident, injury illness or property damage loss, including attorney’s fees, regardless of how it may have occurred.

The undersigned hereby releases and indemnifies Lipo Light South Bay and holds harmless any employee, the LLC or any individual connected in any way to Lipo Light South Bay for any loss of personal property and/ or accident causing personal injury of any nature, including reasonable attorney’s fees and court costs in connection therewith. Any photos taken will be used to show the clients progress and may be used in marketing ads.

**Cancellation Policy**

South Bay Lipo Light requires a 24 hour cancellation notice. Due to demand for treatments, we schedule all appointments following the initial consultation. South Bay Lipo Light reserves the right to refuse service to anyone.

**Initial the following**

- \* If I cancel within 24 hours of a reserved session, I will lose or forfeit my session**
- \* If I cancel within 24 hours of a reserved session, I might incur a \$35 no-show fee from Schedulicity**
- \* If I fail to show up or am more than 5 minutes late, I will lose or forfeit my session due to staff wages and fees paid for my session, and to avoid inconveniencing other clients scheduled after me**

Our cancellation policy has been created to ensure our loyal clients are not disturbed by the tardiness of clients who do not show up on time, or who cancel without a valid reason within 24 hours of an appointment. When reserved sessions are unattended, this means that loyal clients missed the opportunity of having that particular time period. Thank you for your understanding.

**Purchase and Reservation Policy**

Sessions will only be confirmed and allowed up to the amount of pre-paid sessions. All sales are final and non-refundable. South Bay Lipo Light reserves the right to terminate any client’s session, package, or contract, without refunding any monies, if the client has broken any terms or policies. All purchases are final, non-refundable and non-transferable.

**\* I understand if I have purchased and pre-paid for a first-time Customer Promotion, that I may not use or purchase another first-time Promotion without consent from Lipo Light South Bay first**

I understand that it is my personal responsibility to inform the therapist of any changes to my medical history during the course of Microcurrent treatment sessions and I confirm that should this occur I shall advise the technician of any changes. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I further state that I am of lawful age and legally competent to sign this aforementioned release; I understand the terms herein is contractual and not a mere recital; I have signed this document of my own free act. By signing this I agree to release my “Before” and “After” pictures to be used for marketing purposes. Pictures will be without names.

I further state that I am of lawful age and legally competent to sign this aforementioned release. The procedures, alternatives and risks have been explained to me and I have been given the opportunity to ask questions. I understand it is my responsibility to inform the Lipo Light staff is there are any changes to my medical history. I understand the terms herein is contractual and not a mere recital. I have signed this document of my own free act.

<div><div></div><div>Client</div></div>	<div><div></div><div>Date</div></div>
<div><div></div><div>Parent or Guardian (if under 18 years of age)</div></div>	<div><div></div><div>Date</div></div>
<div><div></div><div>Lipo Light South Bay Management</div></div>	<div><div></div><div>Date</div></div>