

Your Spa
Address
City, State, Zip
Phone Number

MICROLITE INFORMED CONSENT FORM

Name: _____

- I understand there are contra-indications and I have been informed to not receive treatment if I have any electrical devise implanted, diabetic or pregnant.
- I understand that possible side effects include but are not limited to: skin tightness, mild to redness.
- 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.
- I understand that the number of treatments is dependent on skin type and condition, and that the best results are achieved when the advised program is followed.
- I understand this treatment is a cosmetic treatment and that no medical claims are expressed or implied.
- I understand that any injections should be avoided for 10 – 14 days before or after this treatment.
- I understand that direct sun exposure, including tanning booths, is prohibited while undergoing treatment and the use of daily sun block protection (minimum SPF 30) to the area treated is mandatory.
- I will call my practitioner if after the treatment if I have any questions or concerns about my treatment.

I hereby agree to all of the above and agree to have this treatment performed on me. I further agree to follow all post-care instructions. Prior to receiving any treatment, I have been candid in revealing any condition that may have bearing on this procedure. I am over 18 years of age. (Parental consent required for minors.)

Signature: _____ Date: _____

Witness: _____ Date: _____