



## DERMASOUND INFORMED CONSENT

My signature below acknowledges that I have read the following and agree to receive treatments or a series of treatments listed below.

I hereby consent to, and authorize \_\_\_\_\_, to perform DermaSound UltraSonic and micro amp treatments on me.

Areas to be treated: \_\_\_\_\_

The nature and purpose of the DermaSound treatment has been explained to me, and any questions I have regarding this treatment have been explained to my satisfaction.

- I understand that with any treatment certain risks are involved and that any undesirable effects from known or unknown causes could occur. I freely assume these risks.
- Possible side effects include, but are not limited to: mild redness, moderate redness, mild breakouts, stinging, tenderness, dry skin, flaking, lightening or darkening of the skin. Most side effects are temporary and generally subside within 72 hours.
- I have been advised to avoid all injectable fillers including, but not limited to, collagen, Restalyne® as well as Botox® injections for a minimum of 14 days before any DermaSound ultrasound treatment and a minimum of 7 days after these injections and agree to these restrictions.
- I agree to adhere to all safety precautions and home skin care programs as recommended by my aesthetician.
- I am over 18 years of age or I have parental consent co-signed below.
- I do not have a pacemaker or any other electronic device in my body.
- I will call to inform my skin care professional immediately of any concerns if they should occur.

Please Initial

- \_\_\_ I am not pregnant.
- \_\_\_ I agree to avoid direct sun exposure for 48 hours.
- \_\_\_ I agree to apply sun protection cream daily.
- \_\_\_ I agree to remove all jewelry during the treatment.
- \_\_\_ I have not taken Accutane within 6 months.
- \_\_\_ I do not have a pacemaker or any other electronic device in my body.
- \_\_\_ I agree to follow the GlyMed homecare protocol.
- \_\_\_ I agree to notify my skin care professional immediately of any concerns if they should occur.
- \_\_\_ I agree to remove all jewelry before the treatments.
- \_\_\_ I agree to avoid all injectable fillers and Botox® injections for a minimum of 14 days before any DermaSound ultrasound treatment and a minimum of 7 days after these injections.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Witness: \_\_\_\_\_