



CONSENT for Venus (MP) Radio frequency Treatment

Venus (MP) Radio frequency treatment is a non-invasive treatment that combines radio frequency (RF) and magnetic pulse (MP) to improve laxity of the skin; however, a complete elimination of all laxity is not a realistic expectation. This treatment causes a thermal reaction in the tissue which stimulates the body's natural healing response. This response stimulates new collagen production.

I HAVE BEEN ADVISED ON THE CONTRAINDICATIONS THAT INCLUDE implantable pacemaker, defibrillator, bladder stimulator, diabetic monitor, or any other implantable devices; a metal or silicone implant in the treated area, herpes simplex; infection in the treated area; history of cancer, thyroid gland disorder, diabetes, varicose veins, or skin related auto immune diseases; pregnant, IVF treatment; have taken Accutane in the past 6 months; have taken anti-inflammatory medications (i.e. steroids).

I HAVE BEEN ADVISED OF THE POSSIBLE SIDE EFFECTS WHICH ARE AS FOLLOWS:

HEATING SENSATION: - Following treatment, a warm feeling in the area can last a few seconds to hours.

REDNESS/SWELLING – Redness and mild swelling of the treated area can occur. This is to be expected and usually will subside within a few hours.

PIGMENT CHANGES – Although rare, hypopigmentation (decreased skin coloration) or hyperpigmentation (increased skin coloration) of the skin can occur. This is mostly transient, lasting up to 6 months, but in rare cases it can be permanent.

BLISTERS – in rare cases, a blister may result after treatment. This side effect is usually temporary, lasting from five to ten days.

I UNDERSTAND THAT:

- Results vary between individuals and that this procedure will require a series of weekly treatment sessions and that results are gradual and occur over time.
- Utilizing Venus (MP) radio frequency is not an exact science and there are no guarantees regarding the results of the treatment.
- Although appropriate measures are taken to reduce side effects, they cannot be eliminated in every case.
- If I experience any side effects, I will notify the office immediately.

_____	_____	_____
Patient (Print Name)	Signature	Date
_____	_____	_____
Witness (Print Name)	Signature	Date