



RADIO FREQUENCY INFORMED CONSENT

Area(s) to be treated: _____ . I hereby authorize _____ to treat me using the CopmlexCity RF system.

Beauty RF is a multi-purpose radio-frequency device for the treatment of wrinkles, skin tightening and body contouring. Beauty RF delivers bipolar and tripolar radio-frequency to the dermis and subcutaneous tissue. Radio-frequency uses electrical pulses to target and penetrate the under layer of skin using heat to stimulate collagen.

I understand the results may vary from person-to-person and that at least 8 treatments, spaced 14 days apart, are necessary to observe results. Because all individuals are different, it is not possible to completely predict results.

Some patients will have dramatic results, some will have moderate results. Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made as to the results that may be obtained.

Side effects are rare but can include swelling, bumps, minor burns and blisters on or around the treatment area. I confirm that I do not have an inserted pacemaker, internal defibrillator, or metal implants. I am not pregnant or breast feeding. I certify that I have read this entire document and that I agree to all its provisions.

I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure and possible side effects.

I hereby give my consent and authorization and release this establishment and its agents of any claims that I have in the future in connection with the described treatment. If pre and post-treatment photos and/or video are taken of the treatment for record purposes, I understand that these photos will be the property of the attending doctor or nurse.

Signature: _____ Date: _____

Print Name: _____

Witness: _____