



**Informed Consent Body Contouring/ Skin Tightening
RF CAVITATION**

Client Name _____

Treatment Sites _____

I hereby authorize Tyshaun R. Layne to perform the following:

I understand there is a possibility of short-term side effects from the session. I could experience edema (swelling), prolonged redness in the area treated as well as slight heat discomfort/tingling. These side effects have been fully explained to me _____ (client’s initials) during my consultation/session.

I acknowledge my results may vary depending on many factors including, but not limited to, medical history, and my response to the session; my compliance with pre and post session instructions or changes in medical condition prior to, during or after session has been completed. _____ (client’s initials)

I agree (if required/requested) to the photographing of appropriate portions of my body for medical, scientific or educational purposes and pre and post session documentation provided they do not reveal my identity. _____ (client’s initials)

I understand the session protocol involves a series of sessions with a specific protocol involved along with a fee structure associated to this series. I agree to follow the session protocol and fee structure as it was explained to me _____ (client’s initials).

It has been explained to me by the therapist in a way that I understand:

1. The above session to be undertaken.
2. There are risks to the session proposed and I have been explained as to what those risks are.
3. There is no guarantee on the final results I will obtain.
4. The decision to proceed is based solely on my expressed desire to do so.
5. That I have informed the therapist regarding any current or past medical condition, disease or medication I am taking.
6. Any questions I may have asked have been answered to my satisfaction.

I CONSENT TO THE SESSION AND THE ABOVE LISTED ITEM(S): Date: _____

Client signature

Please Print Name Here

Therapist signature

Please Print Name Here