



1880 Howard Ave, #203
Vienna, VA 22182
703.356.6143

PATIENT CONSENT FORM-HIFU

The following points of information have been specifically discussed and I have had the opportunity to ask any questions concerning this information.

- The HIFU system delivers a low amount of focused ultrasound energy to the skin. The heat from the ultrasound stimulates new collagen to form. I understand that there can be discomfort during the treatment when the ultrasound energy is delivered. I have discussed with my practitioner the options available to me to optimize my comfort during the procedure.

INITIAL

- Immediately following HIFU, the skin may appear red for a few hours. It is not uncommon to experience slight swelling for a few days following the procedure or tingling/tenderness to the touch for days to weeks following the procedure, but these are mild and temporary in nature.

INITIAL

- Occasional temporary effects may include bruising or welts, which resolve in hours to days, or numbness in a select area, which resolves in days to weeks.

INITIAL

- As with any medical procedure, there are possible risks associated with the treatment. There is a remote risk of a burn that may or may not lead to scarring (either of which will respond to medical care), or temporary nerve inflammation, which will resolve in a matter of days to weeks. Temporary local muscle weakness may result after treatment due to inflammation of a sensory nerve.

INITIAL

- It has been explained to me that the results vary from patient to patient, and, occasionally, the collagen building on the inside that helps counter the effects of gravity does not have a visible effect on the outside. I understand that result will unfold over the course of 3 to 6 months and that some patients may benefit from

more than one treatment. I also understand that a non-invasive HIFU treatment is not intended to produce the same results as an invasive surgical procedure.

INITIAL

I now authorize _____ to begin my HIFU treatment.

Patient _____

Address _____

Telephone _____

I have fully explained to the patient, _____, the nature and purpose of the HIFU treatment and the potential risks associated with that treatment. I have asked the patient if she/he has any questions regarding this treatment or the risks and have answered those questions to the best of my ability. I also acknowledge that I have read and understand the prescribing information listed above.

HIFU Employee _____ Date _____

Refund , Return and Cancellation Policy

As a courtesy to other Spa guests and our therapists, please give at least a 48-hour notice of cancellation to avoid a \$25 charge or as a penalty one of your sessions taken away. A credit-card number , advanced payment, or gift-certification number may be required at the time of booking. For spa packages and two or more guests coming together we require a 48 - hour cancellation notice. Groups and bridal parties will require a 50% deposit at the time of booking. A refund is not available after you have used a portion of the services you booked. After one session the fee for package of two is non-refundable. Please ask new update of our staff about our refund and return and cancellation policy. Educational programs After two sessions the fee for programs is non-refundable. We do not provide refunds for cancelled or missed appointments.

Signature: _____ Date: ____ / ____ / ____

Print Full Name: _____