

1. I consent to having my pictures and/or videos taken and stored in this clinic systems. I understand and agree that these photos and videos can be used for marketing, training, and before & after examples, keeping my personal information private.
2. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment prior to receiving services. I further agree in the event of non-payment, cancellation of payment or any payment issues, to bear the cost of collection, and/or the court cost and legal fees, should those be required.
3. I consent to email, text and phone communications related to post treatment care and follow-ups.
4. I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving this treatment. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. I am completely of sound mind and am fully aware of all the risks and possible complications of this treatment. I understand this treatment is one hundred percent voluntary. I acknowledge that no guarantee has been given regarding the results that may be obtained. I have read the material given to me and I am fully satisfied that all of my questions and concerns have been addressed.
5. I understand that I am required to attend post-treatment check-ups as advised by provider and that I am required to follow all post treatment instructions. I have received and fully understand the post treatment instructions.
6. I have advised my provider of my medical history including all previous medical conditions and medications currently being taken. Alternatives to the treatments and options that I am choosing to get today have been fully explained to me. I consent to the administration of such protocol considered necessary or advisable.
7. I am aware that there may be other risks or complications not discussed that may occur. I also understand that during the course of the proposed treatment, unforeseen conditions may be revealed.
8. I acknowledge that no guarantees or promises have been made to me concerning the results of this treatment.
9. I understand there are no refunds and that multiple treatments are often required to achieve noticeable and lasting outcomes.
10. By accepting and signing, I acknowledge that I have read this informed consent, I understand it, and I agree to the treatment with its associated risks.
11. I hereby consent to the Treatment, and I hereby release the Medical Director(s), the provider performing the treatment and clinic from liability associated with this treatment.
12. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I also state that I read and write in English.