

SKIN DEEP & BEYOND

Day Spa

Vanquish informed consent form

Area(s) to be treated: _____

1. I hereby authorize Skin Deep & Beyond Day Spa, Inc. to treat me using the VANQUISH system.
2. I understand the results may vary from person to person and that an exact result cannot be predicted.
3. I understand that completing a full treatment series, administered 7-14 days apart, is necessary to maximize treatment efficacy.
4. I understand there are certain risks associated with VANQUISH treatments and they include but are not limited to

Redness

Edema of the skin, subcutaneous fat, and muscle tissue due to excessive heating

Tissue tenderness, nodules

Bruising

Although unlikely, adverse effects such as skin burns and blisters may occur due to excessive heating.

5. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks.
6. I confirm that I do not have an inserted pacemaker, internal defibrillator, or any other active or non-active metal implants. I am not pregnant or breastfeeding.
7. I have been advised to increase my water intake at least 48 hours before and after treatment. On the day of treatment, I will need to wear comfortable clothing and may have to remove all jewelry. The treatment area(s) will be exposed to various degrees of heat from the VANQUISH system. I may experience intense heat.
8. I agree to before and after treatment photographs, measurements, and weight as this will help in the evaluation of the results of the treatment.
9. I certify that I have read this entire document and that I agree with all 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 connection with the described treatment.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____