



Venus Freeze Consent Form

Patient Name _____

Treatment Sites _____

I understand that there is a possibility of short-term side effects from the Freeze treatment. 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 _____ (patient initials) during my consultation/treatment.

I acknowledge that patient results may vary depending on many factors including, but limited to, medical history, and individual's response to treatment; patient compliance with pre and post treatment instructions or changes in medical condition prior to, during or after treatment has been completed.

I agree (if required/requested) to the photographing of appropriate portions of my body for medical, scientific or educational purposes, provided they do not reveal my identity.

I understand that the Freeze treatment protocol involves a series of treatments with a specific protocol involved along with a fee structure associated to this series. I agree to follow this treatment protocol and fee structure as it was explained to me _____ (patient initials).

It has been explained to me by my aesthetician in a way that I understand:

- i. The above treatment or procedure to be undertaken
- ii. There are risks to the procedure/treatment and I have been explained on what those risks are
- iii. There is no guarantee on the final results that I will obtain
- iv. The decision to proceed is based solely on my expressed desire to do so
- v. That I have informed the staff about current or past medical conditions, disease or medication that I am taking
- vi. Any questions I may have asked have been answered to my satisfaction.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS AND I AM SATISFIED WITH THE EXPLANATIONS GIVEN.

Patients Printed Name

Patients Signature

Date

Capstone Medical Spa Provider