

# 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
  - BruisingAlthough 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: \_\_\_\_\_