

Venus Legacy Informed Consent Form

Patient Name: _____ Treatment Site: _____

I hereby authorize a Treatment Professional and/or such assistants as may be selected to perform the following procedure and/or treatment: **Venus Legacy**

I understand that there is a possibility of short-term side effects from the Venus Legacy treatment. I could experience edema (swelling), bruising, prolong 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 Venus Legacy 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).

I understand if my appointment is not cancelled within 24 hours, this treatment will be deducted from my package or I will be charged 50% of the treatment cost _____ (patient initials).

The Treatment Professional has explained in a way that I understand the following:

- i. The above treatment or procedure to be undertaken.
- ii. There are risks to the procedure/treatment proposed 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 regarding any current or past medical condition, 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. I AM SATISFIED WITH THE EXPLANATIONS GIVEN.

Signature: _____ Print Name: _____

Date: _____ Witness: _____