

Cellulite

Soundwave Solutions

CONSENT FOR CELLULITE SOUNDWAVE SOLUTIONS TREATMENT

NAME: _____

DATE OF BIRTH: _____

CONSENT: I consent to receiving the Cellulite Soundwave Solutions procedure as explained to me by Dr. [Name] and his/her associates (Cellulite Soundwave Solutions Providers). I acknowledge that I have been informed that the Cellulite Soundwave procedure is non-invasive and uses sound wave technology to improve the appearance of skin. I understand that the Cellulite Soundwave procedure is not intended to diagnose, treat, prevent, or cure any disease. I know that if I have any questions about the procedure, I will be sure to ask the Cellulite Soundwave Providers about them. I know it is up to me to tell the Cellulite Soundwave Providers about any health problems or allergies I have. I must also tell the Cellulite Soundwave Providers about drugs or medications I am taking. Further, if I do not fully understand the procedure or its risks and consequences, I have the right to question the Cellulite Soundwave Providers or other professionals and it is my responsibility to do so.

NO GUARANTEES: I understand that the Cellulite Soundwave Procedure is not an exact science and that no guarantees or promises have been made to me concerning the results of the procedure by the Cellulite Soundwave Providers. Some individuals are greatly improved and for others no appreciable improvement is noted.

MY SIGNATURE BELOW INDICATES MY ACKNOWLEDGEMENT THAT: (1) I HAVE READ, OR HAD READ TO ME, AND UNDERSTAND ALL OF THE INFORMATION ON THIS FORM; AND (2) I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND ALL OF MY QUESTIONS ABOUT THIS FORM HAVE BEEN ANSWERED TO MY SATISFACTION.

Signature

Date