

RADIO FREQUENCY & ULTRASONIC CAVITATION CONSENT FORM

Lure Beauty

DISCLOSURE:

This treatment is a process and subsequent visits may be necessary in order to achieve the desired results. Subsequent visits are subject to additional charges per visit which depend on the amount of work needed. Actual results vary from person to person and Lure Beauty does not guarantee any specific result. The Ultrasonic Cavitation/Radio Frequency treatments carry with it possible health complications and consequences, which include but might not be limited to: risk of kidney failure, liver failure, pacemaker failure, birth defects, miscarriage, thyroid damage, damage to the ovaries, lactation complications, hyper-triglyceridemia, hyper-cholesterolemia, pancreatitis, infection, scarring, allergic reaction to any products used, excessive thirst, dehydration, and nausea. The Ultrasonic Cavitation/Radio Frequency treatments include but are not limited to: the use of high-power low-frequency ultrasonic cavitation which uses a 25-28KHz frequency ultrasound waves to penetrate the skin and assist with the breakdown of fat cells by creating micro-bubbles that increase the pressure around the adipocyte and force it to implode, thus breaking down the adipocyte's cell membrane. Radio Frequency treatments aid in tightening of the skin.

AFTER-CARE:

After-care instructions must be followed explicitly, whether given in writing or orally. Failure to follow after-care instructions may compromise the final results of the treatment.

CONSENT:

By signing this agreement, I understand that the Ultrasonic Cavitation/Radio Frequency procedures stimulate permanent changes, that such procedures have possible adverse consequences, and that the procedures are for cosmetic purposes only. I certify that I have read the above paragraphs, fully understand these procedures, and hereby consent to the indicated procedure(s). This means that I accept full responsibility for these and/or any other complications which may arise or result during or following the Radio Frequency and/or Ultrasonic Cavitation procedures which are to be performed at my request according to this agreement. I further understand that by signing this agreement, I surrender certain legal rights.

RECOMMENDATIONS FOR BEFORE AND DURING TREATMENTS:

Prior to starting your first session and during each 3-day period of treatment, it is recommended that you drink 1.5 - 3 litres of water a day. Water and hydration is key to this process being effective.

- To maximize the effectiveness of your sessions, it is best to restrict products that impact lymphatic flow during the program [caffeine, alcohol, and sugar in large amounts].



- We recommend a healthy diet and eating habits to stabilize the fat and to increase the weight and fat loss that you may obtain during the treatments.
- Always consult with your Health Care Physician before beginning any new Health & Diet Program.
- Always inform me if you have a change in health status or experience any unusual symptoms during your treatments.
- I recommend additional daily exercise to stimulate lymphatic flow. This includes low impact workouts, brisk walking, swimming, or cycling during this process. Adding this activity to your ongoing lifestyle will help to stabilize your weight and fat loss.
- You can have Ultrasonic Cavitation performed during your Menstrual Cycle, but it is recommended to avoid the abdomen as you may not see the immediate results, due to bloating.
- I concentrate on the treatment of one body area during each session. "Time on Target" will achieve maximum results. Treatments can be done a minimum of 72 hours apart.
- Tell me if your digestive process is affected in any way during a session [constipation/diarrhea].
- If you should become pregnant during this process, please inform me immediately.

Client First and Last Name

Client Signature

Date (MM/DD/YYYY)