VACUUM THERAPY CONSENT FORM

Lure Beauty

Delfín® Therapies has developed and supplemented the concept of Vacuum Therapy Massages with the benefits of Cryotherapy and Thermotherapy. The various presentations of the Delfín® cups specialize in beauty enhancing and body and facial health, offering multiple aesthetic and therapeutic applications. Delfín® has won awards in design and innovation and this is how, so far, Delfín® has five patents that confirm its technological leadership in the world of body aesthetic and beauty. Although this machine is FDA approved, it has not yet been approved by Health Canada.

Initial _____

The Delfin Vacuum Therapy breaks down cellulite and fatty deposits, eliminates toxins, and restores the skins natural elasticity. The vacuum machine helps with mobilizing fat cells to desired areas of your body i.e. buttocks.

WHAT YOU CAN EXPECT:

» The suction pressure may cause sensations of deep pulling, tugging, and/or pinching. You may or may not experience intense stinging, tingling, aching, and/or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

Initial: _____

» Bruising, swelling, redness, soreness, numbness, and/or tenderness can occur in the treated area and it may appear red for a few hours after the applicator is removed.

Initial: _____

» Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact me immediately if any unusual side effects occur or if symptoms worsen over time.

Initial: _____

» You may decide that additional treatments are needed to reach your desired outcome.

Initial: _____

Please circle [YES] or [NO]

» Cryoglobulinemia or paroxysmal cold hemoglobinuria **Yes / No**

» Known sensitivity to cold such as cold urticaria, anemia, or Raynaud's Disease **Yes / No**

» Impaired peripheral circulation in the area to be treated **Yes / No**

» Neuropathic disorders: post-herpetic neuralgia or diabetic neuropathy **Yes / No**

» Impaired skin sensation **Yes / No**

» Open or infected wounds **Yes / No**

» Bleeding disorders or concomitant use of blood thinners **Yes / No**

» Recent surgery or scar tissue in the area to be treated **Yes / No**

» A hernia or history of hernia in the area to be treated **Yes / No**

» Skin conditions such as eczema, dermatitis, or rashes **Yes / No**

» Pregnancy or lactation **Yes / No**

» Any active implanted devices such as pacemakers and defibrillators **Yes / No**

TREATMENT CONSENT:
Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped, blurred, and/or removed.

Initial: _____

I understand that the machine is FDA approved but not approved by Health Canada.

Initial: _____

As with most medical procedures, there are risks and side effects. These have been explained to me in detail above. I have read the above information.

Initial: _____

I understand that all treatments are non-refundable, and my Technician cannot be held responsible for any possible side effects. I give my consent to be treated with Vacuum Therapy by Saphron Collins of Lure Beauty.

_____
Client First and Last Name

_____ _____
Client Signature Date (MM/DD/YYYY)

www.lurebeauty.ca
Instagram: @lurebeauty.ca
booklurebeauty@gmail.com