

Cavitation Consent

Please read this consent form entirely. The ultrasonic cavitation treatment uses 40KHz frequency ultrasound to penetrate the skin and assist your body in breaking down fat cells. Multiple sessions may be required to achieve desired results at an additional cost.

☐ I understand that fat cavitation treatments are not recommended if I am pregnant, breast feeding, have a lymphatic disorder, acute illness, metal implants, pacemaker, or are currently being treated for active cancer, diabetes, high blood pressure, epilepsy, coagulation disorder or taking medication that affect clotting, heart problems, osteoporosis, kidney or liver, anxiety and a recent tan or infection of inflammation on treatment area.

☐ I understand that this agreement does NOT provide a guarantee of results nor does the practitioner in which I am voluntarily seeking services. This agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. Your payment obligation is not contingent upon the outcome of es.

☐ I understand that the practitioner is using a high-power low-frequency 40KHz machine on me during this service and the machine has a mild ringing noise when using it.

☐ I understand and acknowledge that payments for the above services are non-refundable.

☐ By my signature below, I certify that I have read and understand the contents of this consent form.

☐ There are no refunds if I am responding to a treatment and decide to stop treatments.

☐ Should I decide to add a treatment, that treatment will be considered an additional and separate treatment.

☐ I agree to inform and notify immediately the practitioner should any information regarding my health history past and present change.

☐ I agree that I have answered all the questions about myself and health history to the best of my abilities and knowledge.

☐ I certify that the information on my cavitation intake form is true, and acknowledge that any misrepresentation of my health history may result in injury or death. If any of the information about me or my health history is false, misleading, or undisclosed, I agree that the practitioner will not be held liable.

☐ I understand all of the possible complications and risks associated with the Fat Cavitation Procedure and voluntarily elect to proceed. I agree that all my questions have been answered to my satisfaction.

☐ I am over 18 years old.

Patient Signature

Date

Professional Signature

Date