

Patient Information – Required if purchasing product or receiving treatment.

Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Work Phone Number: _____

INFORMED CONSENT FOR SKIN/ BODY CARE PROCEDURES: Required if receiving treatment.

Thoroughly read this informed consent form. Initial each section and sign and date the bottom. If you have any questions, discuss them with your skin care clinician.

I hereby authorize Alvarado Institute of Skin Care, Skin Care Enterprises and/or its associates to perform the following procedures: IONOTHERMIE CELLULITE REDUCTION TREATMENT

Initials

I acknowledge that these Procedures have been explained to me and I completely understand the nature and consequences of the Ionothermie Procedures.

Initials

I acknowledge that I do not have any conditions that would prevent my consent or require a doctor's consent to have these procedures. Additionally, check any of the following conditions that apply:

Initials

☐ Active Sunburn within 24 hours ☐ Active herpes, cold sores, fever blisters

☐ Pregnancy, breast feeding ☐ Recent laser procedure, tattoos ☐ Pacemaker

☐ Recent Chemical Peels, Microdermabrasion ☐ Taking Accutane, Retin A, Renova

☐ Skin Diseases, Allergies ☐ Heart Conditions ☐ Renal & Liver Disorder ☐ IUD Coil

☐ Thrombosis ☐ Large metal pins, plates ☐ Diabetes (insulin controlled)

☐ 2 days prior to menstruation ☐ Epilepsy (on medication) ☐ Varicose Veins ☐ M.S.

I acknowledge the possibility of allergic reaction, burns, hypertrophic scarring, or hyperpigmentation, and that neither Alvarado Institute of Skin Care, Skin Care Enterprises and/or its associates and/or employees are responsible for such a reaction or any medical care that may be necessary in the unlikely event of such reaction.

Initials

I ACKNOWLEDGE THAT THESE PROCEDURES ARE PURELY ELECTIVE AND THAT NO GUARANTEES HAVE BEEN MEDE TO ME AS TO THE RESULTS OF THE PROCEDURES.

I have read the above consent and fully understand the same and do authorize Alvarado Institute of Skin Care, Skin Care Enterprises and/or its associates to perform these Procedures on me. I acknowledge that the above information provided is accurate and up-to-date.

Initials

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____