

COSMETIC SERVICES CONSENT FORM AT RAD

My signature acknowledges that I have read and thoroughly understood the following information before receiving my treatment or series of treatments. I authorize RAD, Inc. to perform aesthetic services. _____

The nature and purpose of the treatment has been explained to me, and any questions I have regarding this procedure have been explained to my satisfaction. I realize individual results vary and no guarantees were made about my “looking younger” or the amount of improvement expected. _____

Possible side effects may include, but are not limited to; mild/extreme redness, bruising, local swelling, stinging, tenderness, dry skin, flaking, lightening/darkening of the skin, infections, pimples, bumpy appearance, and cold sores. Most side effects are temporary and subside within 72 hours. Scarring is very unusual, but may occur. Pigmentation and/or texture changes, although extremely rare, may temporarily or possibly permanently occur. Eye injury; if chemicals gets into the eye, scarring and vision disturbances may occur. With any treatment, certain risks are involved and that any complications or side effects from known and unknown causes could occur. I freely assume these risks. _____

If I’m prone to Herpetic outbreaks, I have been advised to see my physician about a prescription. _____
I’ve been offered a test site application to rule out the possibility of allergic reaction. _____

Retin-A, Renova, and prescription retinoic acid products should be discontinued for 2 weeks before treatment, and one week after. Collagen and Botox injections and all alpha, beta, salicylic, lactic and glycolic acid products should be stopped five (5) days prior to my treatment and three (3) days after my treatment at RAD. _____

I haven’t taken Accutane in the past 12 months and I will not take any during my cosmetic treatment program at RAD and for one month after ending my treatment. _____

I’m not pregnant or lactating and understand that to avoid potential health problems these procedures are not advisable for pregnant or lactating women. I will immediately inform RAD if my condition changes. _____

I understand that picking at scabs/blemishes or pulling off skin is contraindicated and could result in scarring. Therefore, I promise not to pick at my skin. _____

Direct sun exposure and tanning bed uses is **STRICTLY PROHIBITED**. A broad-spectrum sunscreen will be used from the date of my first treatment and continued daily thereafter to prevent uneven pigmentation and sunburn. **Every day I will apply a broad-spectrum sunscreen.** _____

Every day, for at least seven (7) days post-procedure, I will apply a hypoallergenic, hydrating, antioxidant or barrier topical preparation to encourage epidermal regeneration. _____

If I experience any adverse reactions that appear to be attributable to my use of home care products, I must discontinue use of the products and notify RAD immediately. I will not use any perfumed cosmetics/skincare products, or any “fragranced products” the day of or after the procedures. _____

I authorize taking photographs of myself for public education, study, research and documentation.

All information provided to RAD is true and accurate. I will follow my protocol. I agree to hold harmless RAD and its agents for any adverse reactions due to omitted information/misinformation on my Patient Health Information Questionnaire or from any actions, which don’t follow pre and post-care procedures.

Signature

Date

Signature of Parent or Guardian, if client is under 18 years of age.

Date