

Consent for Microcurrent Treatment

Prior to receiving treatment, I have been candid in revealing any and all medical history and/or conditions that may have bearing on this procedure. Additionally,

I confirm that:

- (initial) I am not pregnant or breastfeeding.
- (initial) I do not have any known malignancy, autoimmune disorder, neurological or neuromuscular disease
- (initial) I do not have any metal implanted devices. These include pacemakers, defibrillators, metal heart valves, large metal dental implants, artificial metal joints, metal plates
- (initial) I do not currently have a cold sore/fever blister or canker sore. If I have a history of these, I have been advised to take necessary medication, such as Valtrex, to prevent an outbreak.
- (initial) I do not have a history of thrombosis or any blood clotting disorders.
- (initial) I do not have epilepsy or a seizure disorder
- (initial) I have no known heart conditions

I understand that:

- (initial) This is a cosmetic treatment and that no medical claims are expressed or implied.
- (initial) To achieve maximum results, several treatments are required.
- (initial) There are no guarantees as to the results of this treatment, due to many variables, such as age, condition of skin, sun damage, smoking, climate, etc.
- (initial) Degree of improvement is variable and, occasionally there is no improvement and another form of treatment may be required

Patient's Printed Name _____

Patient's Signature _____ Date _____

Technician's Name: _____

Technician's Signature _____ Date _____

Series Serial #:	Total # of treatment(s) in Series:											Date of 1 st Treatment:	
Treatment #:	1	2	3	4	5	5	7	8	9	10	11	12	
Initial PV/CLNT	/	/	/	/	/	/	/	/	/	/	/	/	