

Premier Plasma Pen Pro

Informed Consent

Please read this form carefully in its entirety. This form contains information to assist you in making an informed decision to have the Premier Plasma Pen Pro treatment. Initial each paragraph indicating your full comprehension and acceptance of the contents. If you wish to acquire further information thereof, do not initial it and it will be discussed with you separately.

Plasma pen therapy is a procedure where we use a form of arcing to inflict a controlled burn which results in the skin tightening and firming.

_____ **Pain.** The procedure is mostly, but not always painless and every effort is made to ensure a painless procedure. We use a topical cream anesthetic (F & E). This can be explained to you in detail should you so require. However, there is some discomfort associated with the procedure and the subsequent healing. Home care will be discussed with you in detail.

_____ **Bleeding or infections.** There is no bleeding but scabbing and temporary discolouration is part of the healing process. Every precaution to prevent possible infection is taken and all materials used on you will be new and sterile.

_____ **Swelling.** There may be swelling, especially the eye area, after waking on the day following the procedure. This will subside when your lymphatic system starts draining as it is stimulated by movement.

_____ **Treatment expectations.** I understand that the information above is not meant to alarm or scare me. It is simply to enable me to make an informed decision as to whether I wish to proceed with the procedure or refrain from completion. Every client is an individual, with individual circumstances and influences, therefore the outcome will vary in expectations, requirements and actual results. Strict adherence to the home care is recommended as this is critical to promoting further excellent results.

_____ **No guarantees.** I understand that no warranty or guarantees have been made to me as the outcome and results of this procedure as it is not an exact science and compliance by myself will affect the final result.

_____ **Hyperpigmentation.** I understand that there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyper-pigmentation and the non-use of SPF as recommended.

_____ **Appearance.** After plasma pen treatment the skin is discoloured and spotty and may appear red for 1 - 2 months post treatment. I am aware that as my skin heals, at its own pace, the spots / scabs will disappear after 5 - 7 days and the skin will appear rejuvenated and firm.

_____ **Post Procedure Care.** I have received a copy of the Post Procedure Care instructions. It has been fully explained to me, I have read it and understand it contents.

_____ **Other information.** I understand that should I have an infection, adverse reaction or allergic reaction to this procedure or the post care products recommended, I must notify my Premier Plasma Pen Pro technician immediately.

I,, ID no

consent to and authorise the following:

The technician to perform the procedure and that the technician will not held liable for any guarantee, warranty or assurance of the results that may be obtained.

I certify that I am a competent adult of at least the age of 18 and this is my free and voluntary decision that is executed. If under age my parent/legal guardian/person with legal custody, is to sign and agree to this consent form.

I have answered all the questions on the forms given to me to complete with accuracy, honesty and to the best of my ability. If there are any changes to my medical history, operations or medication I will be responsible for informing the technician of the updates and any other serious conditions that may be relevant.

I agree to adhere to all safety precautions and regulations during the treatment and to follow all aftercare instructions.

The treatment centre does not take responsibility for therapies done at other practitioners or centres that may cause side effects to their treatments. Clients must take care on the premises as we do not take any responsibility for any injuries. The salon holds the right of admission and to cancel any treatments if it deems it necessary.

All appointments not kept will be charged if not cancelled 24 hours before appointment. Late arrivals will be charged and cancelled if they inconvenience other clients appointments. Priority will be given to clients with appointments over clients arriving with no prior arrangements.

I agree to pay the fees for the treatment and understand that they are not refundable and are payable at the commencement of each treatment. All our prices are subject to change without prior notice.

Any interest, legal demands, debt collection or tracing fees will be paid by the client for unpaid accounts. Payments are due on the day of treatment.

If you have any serious conditions or any contraindications that are listed on our forms you must consult a physician before commencing any treatment at the salon. *Any side effects, problems or concerns must be reported to the owner directly and immediately.*

I have read the above information, it has been explained and I understand it. All of my questions have been answered. By executing this form, I am indicating that I have no questions whatever and I give my full consent to have the plasma pen procedure performed at my own risk.

Dated this _____ day of _____ at _____

Client _____ Technician _____