



Consent for Treatment with PiXel8-Radio Frequency Micro Needling System

I authorize and consent to the treatment for skin tightening with the PiXel8 Micro Needling System. _____ (Initials)

I have been advised of the purported advantages and disadvantages associated with this treatment. _____ (Initials)

I understand that treatment with this system varies from patient to patient and that more than 1 treatment may be required. _____ (Initials)

Although rare, adverse outcomes such as skin texture and scarring can occur. _____ (Initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my skin condition due to the procedure. _____ (Initials)

I understand that the possible benefits are the tightening of loose skin. _____ (Initials)

I certify that I do not have any metal implants (pacemaker, insulin pump, etc) _____ (Initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. _____ (Initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results this this device produces. _____ (Initials)

I here by identify and hold harmless About Face & Body and their employees, the treating technician from any and all liability, damages, cost and expenses arising from or out of the use PiXel8-Radio Frequency Micro Needling System for treatment of skin tightening. _____ (Initials)

With all the above information understood, I am choosing to be treated with the PiXel8-Radio Frequency Micro Needling System. _____ (Initials)

Signature

Print Name

Date

Witness