

Client Treatment Chart

I confirm the following:

I am over the age of 18	_____	I have no known liver or kidney disorders	_____
I am not pregnant or lactating	_____	I have no known thyroid or gland dysfunction	_____
I do not have epilepsy	_____	I do not have a compromised immune system	_____
I do not have a pacemaker	_____	I do not have cancer or history of cancer	_____
I do not have Herpes Simplex	_____	I have no known photosensitivity to sun exposure	_____
I do not have uncontrolled Hypertension	_____	I am not taking drugs that cause photosensitivity	_____

I consent to taking photographs and authorize their anonymous to use for the purpose of medical audit, education and / or promotion ____ client initials

Limitation to Treatment

I understand there are no guarantees as to the results of this treatment
I understand to achieve maximum results. I may require several treatments.
It has also been recommended to achieve optimum results. I understand that an appropriate diet and regular exercise will assist to sustain and create a cumulative program degree of overall spot fat reduction and body contouring.

Risks

I have been informed and I understand that temporary **hyperpigmentation/hypopigmentation** on rare occasion may occur as a result of treatment.
I understand there is a no refund policy _____ please initial.
I hereby certify that all information that I have provided has been accurate and truthful.

I hereby authorize _____ to perform the Yolo Curve LipoLaser procedure for purpose of aesthetic body contouring and girth loss.

Name _____
Street Address _____
Email _____
City _____
Zip Code _____

Client Signature _____ Date _____