**CONSENT TO TREATMENT**

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent to treatment form explains the risks and benefits of the Diamond Series Dual Frequency series of body contouring treatments. Patient understands all of the following:

1. Results vary greatly from person to person. No result is guaranteed. No refunds given.
2. Diamond Series Dual Frequency is a treatment intended to work in conjunction with changes in diet and lifestyle recommended as part of the Slim Line System. The recommended diet and lifestyle changes are a key part of the program, and assist greatly in making the treatments effective.
3. Temporary hyper pigmentation / hypo pigmentation (changes in skin color) on rare occasion may occur as a result of treatment.
4. Diamond Series Dual Frequency should not be used by patients with any of the conditions listed below.

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| CONDITIONS PREVENTING TREATMENT |

Patient agrees (by initialing) that all of the following are true:

\_\_\_\_\_ I am over the age of 18.

\_\_\_\_\_ I do not have, and have never had, any of the following medical conditions:

* heart disease
* heart pacemakers
* severe high blood pressure
* cancer
* deep vein thrombosis, varicose veins
* goiter
* epilepsy
* hemorrhagic disease
* vascular rupture
* skin inflammation, skin disease
* immune system dysfunction
* artificial heart
* other medical electronic devices
* fever or other infectious, or acute disease

\_\_\_\_\_ I am not pregnant or lactating

\_\_\_\_\_ I do not have any known photo sensitivity to sun exposure

\_\_\_\_\_ I am not taking any drugs that lead to photo sensitivity

By signing below, patient agrees that provider listed above may perform the Diamond Series Dual Frequency procedure for the purpose of aesthetic body contouring and girth loss. Patient understands and accepts the risks listed above, and agrees that all information provided on this form is true and correct to the best of patient’s knowledge.

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_