

Plasma Fibroblast Liability Release

The Fibroblast Plasma Treatment is a procedure that can only be performed by a trained certified specialist, using the Plamere Pen to shrink the skin. Before carrying out the treatment you are required to complete and sign this consultation record giving your absolute consent to treatment and release of liability. Additionally, you will need to disclose your full medical history which will determine whether you are a suitable candidate for the proposed treatment. If the specialist does not think you are suitable, it will not be carried out.

Your specialist will discuss the benefits, explain any risks, the healing process, and advise whether any further treatments will be necessary. You will then be provided with written aftercare information for you to keep and refer to during the healing process. It is ultimately YOUR responsibility to ensure you understand in full the procedure and the expected outcome before treatment commences.

Ensure all points below have been discussed with your specialist, and before you sign you need to understand and accept these terms.

Terms of your treatment: Plasma pen lifting is an art process and not an exact science. The technician cannot guarantee an exact result due to skin elasticity and the individual's own healing process. You may be required to return for additional treatments before your overall procedure is deemed complete. Additional treatments cannot be performed until after 4-8 weeks from the initial treatment in order to allow the treated area to heal fully. The payment for any additional work will be agreed upon prior to the treatment.

Your specialist will use a treatment plan to record the areas you have chosen. The skin type of every client is different and the healing process may lead to some discoloration of the skin. (Microdermabrasion or skin rejuvenation) May be advised after the healing process is complete. After each treatment swelling or redness may occur and in some cases, there may be extreme swelling. Your specialist will give you appropriate advice to help reduce this risk.

You must adhere to the specialist's aftercare advice given to you following your treatment. This is very important and will reduce the risk of post-procedural infection upon leaving the clinic. You must let the treated area heal properly and avoid picking. This will hinder the healing process and could make the treatment appear uneven thus requiring further work. Be aware that skin altering procedures such as plastic surgery, implants, injectable's and weight gain may alter the look.

By signing and initialling this waiver of liability form you are legally agreeing to the following terms and conditions. Results are never 100% guaranteed and we cannot control how your body responds to the treatment. We are 100%FREE of ANY liability associated with your personal results from any treatment performed.

This is an elective cosmetic procedure you are selecting at your OWN RISK. Your Technician will NOT be slandered on any public forum WHATSOEVER following ANY procedure or service performed at the salon. All concerns and any possible dissatisfaction MUST be addressed with your technician personally and NOT taken to social media of any form. Slander and libel are serious offenses and legal action will be taken if any violations of any terms listed on this waiver are violated. The technician is not responsible for ANY reactions/risks associated with any treatments performed. YOU ARE SELECTING THIS SERVICE AT YOUR OWN RISK AND YOU ARE RESPONSIBLE FORRESEARCHING AND KNOWING RISKS & SIDE EFFECTS BEFOREHAND. YOU ARE LEGALLY SIGNING OFF THAT THETECHNICIAN WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY OUTCOME WHATSOEVER.

Date Signed

Signature

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Do you feel fit & well enough to receive the plasma pen fibroblast procedure today?

No / Yes

Do you have any allergies or have you experienced any allergic reactions to medicine or products such as latex gloves?

No / Yes

Are you currently taking any medication?

No / Yes

Do you have any imminent holiday plans?

No / Yes

Do you have or are you planning to have any injectables, fillers or chemical peels in the near future?

No / Yes

Do you suffer from epilepsy?

No / Yes

Do you knowingly suffer from any infectious diseases?

No / Yes

Do you suffer from high or low blood pressure?

No / Yes

Do you suffer from diabetes?

No / Yes

Do you have any respiratory problems?

No / Yes

Do you suffer from, or have any problems with scars healing or Keloids?

No / Yes

Do you suffer from HIV/AIDS?

No / Yes

Do you suffer from heart problems?

No / Yes

Do you suffer from Hepatitis?

No / Yes

Do you suffer from any Lymphatic problems?

No / Yes

Do you suffer from Hemophilia?

No / Yes

Do you suffer from skin problems (i.e. Eczema, Psoriasis)?

No / Yes