

File Number: Name:

**Sonocare Sample Consent**

Date:

SONOCARE TREATMENT SHOULD ONLY BE PERFORMED AFTER A COMPLETE DISCUSSION OF THE RISKS RELATED TO THE TREATMENT AND WRITTEN INFORMED CONSENT OBTAINED.

The following points of information have been specifically discussed and I have had the opportunity to ask any questions concerning this information:

* The SONOCARE delivers ultrasound energy to the skin. I understand that light sensation of warmth or throbbing can give discomfort during the treatment when the ultrasound energy is delivered. I have discussed with my practitioner the options available to me to optimize my comfort during the procedure.
* The skin may appear red for a few hours. It is normal to experience slight swelling for a few days after the procedure, but these are mild and temporary in nature.
* Occasional temporary effects may include irritant dermatitis, itchy, or rash which resolves in days to weeks.
* It has been explained to me that the results vary from patient to patient, and, the collagen building on the inside that helps counter the effects of gravity does not have a visible effect on the outside.
* I understand that results will be seen over the course of 3 to 6 months when I treated 8-10 times and that some patients may benefit from more than one treatment. I also understand that SONOCARE is not intended to immediate or dramatic effect as an invasive surgical procedure or devices which deliver high heat energy.

**By my signature below, I certify that I have read the above informed consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to perform the SONOCARE treatment.**

Client’s Signature Date

Staff Signature Date

*Pictures may be taken to document the treatment. If you agree to this, kindly sign here.*

*(Signature)*

2020.06.17