

Simply Organic Skincare

2416 San Ramon Valley Blvd, Suite 200, San Ramon, CA 94583
925.642.6392 www.SimplyOrganicSkincare.com

Consent Form for Microcurrent Facial Rejuvenation Treatment

This is an informed consent document that has been prepared to inform you concerning Microcurrent Facial Rejuvenation treatments. It is important that you read this information carefully.

Microcurrent is a non-invasive, low level of current that mirrors the body's own natural electrical impulses that stimulates ATP (Adenosine Triphosphate), the body's healing and rejuvenating properties. When used in conjunction with specialized products and manual manipulations, these tiny microcurrent impulses encourage your body's currents. The signs of aging are greatly reduced while skin tone and elasticity are dramatically improved.

Microcurrent Facial Rejuvenation is not a surgical procedure. It is not a "face-lift" and is not a substitute or alternative for any cosmetic procedure.

Benefits of Microcurrent Facial Rejuvenation may include:

- Improved skin texture, tone and hydration
- Improved muscle tone
- Reduction of fine lines and deeper wrinkles
- Promotion of improved cellular metabolism (ATP - the body's own natural energy source)
- Reduced puffiness around the eyes
- Stimulation of skin's natural collagen and elastin production

Please be aware of the following information and possible risks.

Please initial:

_____ I understand there are certain contraindications that would preclude me from receiving microcurrent treatments, including embolism, epilepsy, cancer, pacemaker use, phlebitis, pregnancy and thrombosis.

_____ I understand that the use of Botox®, Juvederm®, Restylane®, and any other injectable must be disclosed prior to treatment. It is recommended to wait a full two weeks after receiving injections before starting microcurrent.

Injectable received: _____ Date of injection: _____

_____ I understand that microcurrent treatments involve conducting mild electrical currents through the body.

_____ I understand that reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.

_____ I understand that some clients report slight tingling sensations, flashing of the optic nerve, and/or a metallic taste in the mouth during the procedure.

_____ I understand that while the goal of this treatment is to improve the vitality/tone/firmness of the skin, no specific guarantees of the result can be made. I further understand that my failure to follow post home care instructions may also lead to undesired results.

_____ I am disclosing all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products (you may write on the back side of this page if you need more room):

Health history: _____

Medications: _____

Past reactions to products: _____

Simply Organic Skincare

2416 San Ramon Valley Blvd, Suite 200, San Ramon, CA 94583
925.642.6392 www.SimplyOrganicSkincare.com

How to Achieve Optimal Results:

For the best results, we recommend a series of 10-12 microcurrent treatments either 2xweek for 5-6 weeks or 1xweek for 10-12 weeks (depending on age). It is recommended to maintain this treatment once monthly to maintain optimal results.

Authorization: I authorize Julie Harris, Licensed Esthetician, to perform the microcurrent procedure we have discussed, and will hold her harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand Julie will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult Julie immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold Julie responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed. I understand that I am responsible for all costs of the procedure and related treatments.

____ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes (optional- but at least take your own photos so you can see the results and/or track your progress).

Name (please print): _____

Address: _____

Cell Phone # _____ Email Address: _____

Signed: _____ Date: _____

Below is for internal use only:

Treatment #	Date	Level	Notes:
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____
#6	_____	_____	_____
#7	_____	_____	_____
#8	_____	_____	_____
#9	_____	_____	_____
#10	_____	_____	_____
#11	_____	_____	_____
#12	_____	_____	_____