

Fibroblast Plasma Lift Client Consent Form

Plasma Lift (Fibroblast Plasma Lift) is a procedure that can only be performed by a specifically trained and qualified specialist (STACEY PECK D/B/A THE BEAUTY BAR) using approved equipment to shrink the skin with a sterile disposable electrode. The specialist is also fully insured. Before carrying out the treatment, you are required to complete and sign this consultation record, thus giving your absolute consent to treatment. Additionally, you will need to disclose your full medical history which will determine whether you are a suitable candidate for the proposed treatment.

If STACEY PECK D/B/A THE BEAUTY BAR does not think you are suitable for the treatment, the treatment will not be carried out. STACEY PECK D/B/A THE BEAUTY BAR will discuss the procedure in full, including what it will involve, the benefits, any risks, the healing process and advise upon any further treatment if/where necessary. You will then be provided with written aftercare information for you to keep and refer to during the subsequent healing process.

Contra-indications will be recorded on this consultation form, which will be used as a reference for future visits. It is important you clearly mark any areas of this form you wish to have clarified or discuss further. It is ultimately YOUR responsibility to ensure you understand in full the procedure and the expected outcomes before treatment commences. Please read carefully and sign where indicated when you are comfortable to proceed.

Ensure all points below have been discussed with your STACEY PECK D/B/A THE BEAUTY BAR. You are signing to state that you understand and accept these terms of your treatment:

- You have chosen a cosmetic procedure that is not medically necessary.
- Plasma Lift is an art process - not an exact science - and cannot guarantee an exact shrinkage result due to skin elasticity and individual healing process.
- You may be required to return for additional treatments before your overall procedure is deemed complete. The payment for any additional work, if applicable, will be agreed prior to the treatment commencing. Depending upon area of treatment, additional treatments cannot be performed until after 4-8 weeks from date of initial treatment. This is in order to allow the treated area to heal fully.
- STACEY PECK D/B/A THE BEAUTY BAR will use a treatment plan to record the areas you have chosen, anesthetic used, electrode used as well as pre- and post-treatment photographs. This information will be held securely in your consultation record.
- 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 some swelling or redness may occur. In some cases there may be extreme swelling. STACEY PECK D/B/A THE BEAUTY BAR will give you appropriate advice to help reduce this risk. Throughout the treatment you may experience some discomfort.
- Since the treatment includes small burns to the skin, you may experience the smell of charring. This is perfectly normal.
- You must adhere to STACEY PECK D/B/A THE BEAUTY BAR'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. Avoid picking or scratching as 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, injectables and weight gain may alter the Plasma Lift look.
- Be aware that the effects of this treatment could last as little as six months or more than one year.

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Full Name: _____ D.O.B: _____

Address: _____

Telephone Number: _____ Email: _____

Treatment Area(s): _____

PHOTOGRAPHIC CONSENT

I consent to photographs being taken BEFORE, DURING, and AFTER my procedure. I agree to these being stored with my case file and used only with my written consent for promotional purposes. Initials: _____

PATCH TEST/WAIVER:

(Please circle A or B)

1. I understand that a skin test can potentially determine whether I will experience a reaction to the products used by the STACEY PECK D/B/A THE BEAUTY BAR within 48 hours prior to treatment. However, I accept this will be inconclusive as to whether I will have a reaction at any time in the future. I therefore waive my option to an allergy test and wish to proceed with treatment.
2. I have undergone or been offered an allergy test prior to my initial treatment. I therefore release the STACEY PECK D/B/A THE BEAUTY BAR from liability related to any reactions I may experience associated with either the application of pre-treatment cream or any other products used after the procedure, immediately or at a later date. Initials: _____

CONSENT

I understand that STACEY PECK D/B/A THE BEAUTY BAR will be in direct contact with me in relation to the Plasma Lift treatment. This treatment involves the use of a disposable electrode. All other equipment is sterilized before use, all surfaces involved in the process are protected and gloves will be worn at all times by the specialist during the treatment.

I hereby consent to receiving a Plasma Lift treatment. STACEY PECK D/B/A THE BEAUTY BAR has explained the terms and conditions of the treatment and I fully understand these. I hereby give written consent to the STACEY PECK D/B/A THE BEAUTY BAR, who is a fully trained and insured specialist, to carry out the treatment of my choice as requested by me on this consent and treatment agreement.

Client Signature: _____

Specialist Signature: _____

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- Have you received any skin tightening treatment before? YES / NO

If Yes please answer the following questions:

- How long ago was your treatment?
- What procedure did you receive?
- At what clinic did you receive the treatment?
- Were you happy with the result? YES/NO
- If no, please explain the reasons why.
- Are you over the age of 18? YES/NO
- Are you pregnant? YES/NO
- Are you under the influence of alcohol or drugs? YES/NO
- Are you in good health? YES/NO
- Do you feel fit and well enough to have a Plasma Lift procedure today? YES/NO
- Do you have any allergies or have you experienced any allergic reactions to medicine or products such as latex gloves, plaster etc? YES/NO
- If yes, please list: _____
- Are you currently taking any medication? YES/NO
- If yes, please list: _____
- Are you planning to have any injectables, fillers, or chemical peels in the near future? YES/NO
- Do you have any imminent vacation plans? YES/NO
- Do you suffer from epilepsy? YES/NO
- Do you knowingly suffer from any infectious diseases? YES/NO
- Do you suffer from a high or low blood pressure? YES/NO
- Do you suffer from diabetes? YES/NO
- Do you have any respiratory problems? YES/NO
- Do you suffer from, or have any problems with scars healing? YES/NO
- Do you suffer from dizziness or fainting attacks? YES/NO
- Do you suffer from HIV/AIDS? YES/NO
- Do you suffer from heart problems? YES/NO
- Do you suffer from Hepatitis? YES/NO
- Do you suffer with any Lymphatic problems? YES/NO
- Do you suffer from Hemophilia? YES/NO
- Do you suffer from skin problems (i.e. Eczema, Psoriasis)? YES/NO
- Do you have an allergy to penicillin? YES/NO
- Do you suffer from Keloid scarring? YES/NO
- Are you currently taking blood thinners? YES/NO

I understand the importance of my accurate and complete medical history. I understand that withholding any medical information may be detrimental to my health and safety during and after the procedure. I understand that if there is any change in my medial history it is my responsibility to inform my STACEY PECK D/B/A THE BEAUTY BAR.

Client Signature: _____

Specialist Signature: _____

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Treatment Agreement

I, STACEY PECK D/B/A THE BEAUTY BAR, confirm I have checked all paperwork including consent forms and medical history, I have discussed all procedure points with my client, and they understand all elements of the Plasma Lift treatment.

Specialist signature: _____ Date: _____

I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for selected area or areas intended for my Plasma Lift treatment. I hereby agree to follow after care advice.

Client signature: _____ Date: _____

Recorded Documentation Treatment area(s): _____

Probe Lot / Expiry:

Anesthetic used:

Lot / Expiry:

Fitzpatrick scale:

Tolerance Level(1 lowest 10 highest):

Notes:

My procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns with my specialist.

I fully understand my aftercare instructions and have my aftercare advice sheet.

Client Signature: _____

Specialist Signature: _____