



Advanced Skin Studio LLC
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Microcurrent Disclosure and Consent

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.

Medications:

Past reactions to products: _____

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. It is important to wear a good quality SPF sunscreen pre and post procedure. Your technician will go over the best products to use post treatment.

Authorization: I authorize Tina Lee at Advanced Skin Studio LLC 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 Tina 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 Tina 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 Tina Lee or any technician at Advanced Skin Studio 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).

Printed Name _____ Date _____

Address _____

Email _____ Phone Number _____

Signature _____ Date _____



Advanced Skin Studio Liability Waiver

By signing and initialing this waiver of liability form you are legally agreeing and adhering to the following terms & conditions:

Results are never guaranteed and we cannot control how the body responds to any treatment. We are 100% free of any liability associated with your personal results from any treatment performed, you are selecting at your own risk. **Advanced Skin Studio LLC will not be slandered on any public forum** following any procedure or service performed at the Studio. All concerns and any possible dissatisfaction must be **addressed with your specialist 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.

Advanced Skin Studio LLC is not responsible for any reactions/risks associated with any treatments performed because YOU ARE SELECTING THIS SERVICE AT YOUR OWN RISK AND YOU ARE RESPONSIBLE FOR RESEARCHING AND KNOWING RISKS AND SIDE EFFECTS BEFOREHAND AND ARE LEGALLY SIGNING OFF THAT ADVANCED SKIN STUDIO LLC OR YOUR TECHNICIAN, TINA LEE WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY OUTCOME.

By signing below you are agreeing that you have and understood everything stated above, you ensure that you have discussed each point above with your specialist and are aware that this decision is fully and totally yours. Your signature states that you understand and accept these terms.

Print Name: _____ Date: _____

Signature: _____