

ThermiSmooth Treatment Consent

Non-invasive Treatment for Skin Laxity, Wrinkle Improvement and Smoothing

There is the possibility that additional risk factors of radiofrequency skin treatments may be discovered. The results of performing ThermiSmooth treatments in combination with other treatments is unstudied and unknown.

It has been explained to me that this is a cosmetic procedure and not covered by insurance. It has been explained to me that more than one treatment may be recommended to achieve the best results and that there are other treatment options such as chemical peels, filler injections, or no treatment at all. As mentioned before, there is no guarantee of results and no refund of payments for the procedure will be made.

My signature below signifies that all of my questions have been answered by the physician or consultant. I understand the risks, complications, expected results, and expense of the treatments. I have read and understand this document and give my consent to receive treatment with the ThermiRF radio frequency system.

Patient Name

Signature

Date

Physician Name

Signature

Date