Elite Skin Solutions
200 East Southlake Boulevard #20-B
Southlake, TX. 76092

AUTHORIZATION AND CONSENT FOR MICROCURRENT FACIAL TONING

PLEASE READ THIS AUTHORIZATION CAREFULLY AND ACKNOWLEDGE YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE BELOW.

To The Patient. You have the right, as a patient, to be informed about your condition and the procedure to be used, indicating risks and benefits, so that you may make the decision whether or not to undergo the procedure. This authorization and consent form is an effort to make you better informed. To that end, we encourage you to ask our staff any questions you may have. You are also encouraged to conduct your own research or consult with your own health care provider if you have additional questions.

Procedure. 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.

How To Achieve Optimal Results: For the best results, we recommend a series of 10 microcurrent treatments (Ultimate Age Defying Facial) during a 5 week period (i.e. two times per week). Following a series of 10 treatments, it is recommended to have an Ultimate Age Defying Facial once per month to maintain optimal results.

Name: _____ Date: _____

Please check any health conditions which you have had or are now experiencing:

_Cancer	_Hepatitis	_Metal Implants , Screws
_Heart Problems	_Diabetes	_Multiple Sclerosis
_ Seizures	_Thrombosis/Phlebitis	_Recent Illness
_Epilepsy	_Hypoglycemia	_Pregnancy or
_Thyroid Disorder	_Muscular Conditions Recent Pregnancy	_Botox®
_High/Low Blood Pressure	_Lack of Normal Skin Sensation	_Recent Dermal Fillers

Do you have any additional health-related concerns we should know about? _____
_____

Limitations:
Microcurrent treatments cannot be performed for any of the following reasons:

- If the client is pregnant and/or has serious health conditions (Cancer, heart problems, etc.) or suffers from any of the following contra-indications: epilepsy, seizure, thrombosis or phlebitis, all infectious illnesses, any drug or topical application causing thinning of the skin (Retin A, Accutane, etc.),
- If the client has: cardiac pacemaker, metal implants anywhere in the face, or is using an anabolic steroid.

Client Certification:
I hereby certify I do not have any of the foregoing conditions, devices or implants ("Limitations").

Initials: _____

Authorization. I hereby authorize Elite Skin Solutions, its employees, and agents to perform a Microcurrent Facial Toning procedure on me. I fully understand this procedure has limited applications. I am aware the practice of medicine and surgery is not an exact science and I acknowledge reputable practitioners cannot properly guarantee quality and/or results or freedom from complications, and I have not received such guarantees. I acknowledge I have had the opportunity to ask questions, and I fully understand the treatment of the Microcurrent Facial Toning procedure. The procedure is generally considered cosmetic, and may not be covered by insurance. I understand I am responsible for all costs of the procedure and related treatments.

Waiver. I understand and acknowledge there are risks involved with the treatment of the Microcurrent Facial Toning procedure, including, but not limited to, those side effects listed above. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive Elite Skin Solutions liability if such results or complications occur. I further understand my failure to follow post care instructions may also lead to undesired results, complications or effects and hereby waive Elite Skin Solutions liability if such results or complications occur. In consideration for Elite Skin Solutions performing this procedure, I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Elite Skin Solutions, its owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me as a result of this procedure. I agree this waiver and release shall bind the members of my family and any spouse or domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue Elite Skin Solutions and its owners.

MAXIMUM LIABILITY. ELITE SKIN SOLUTION'S MAXIMUM AGGREGATE LIABILITY TO PATIENT RELATED TO OR IN CONNECTION WITH THE PROCEDURE PERFORMED BY ELITE SKIN SOLUTIONS, ITS EMPLOYEES, OR AGENTS WILL BE LIMITED TO THE TOTAL AMOUNT PAID TO ELITE SKIN SOLUTION BY PATIENT FOR THE PROCEDURE DESCRIBED IN THIS AUTHORIZATION AND CONSENT.

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Patient Signature Printed Name Date

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Signature of Parent/Guardian (under 18) Printed Name Date

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Witness Signature Printed Name Date