



**INFORMED CONSENT INFORMATION
FOR MICROCURRENT FACIAL REJUVENATION TREATMENTS**

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, initial each page indicating you have read the page and sign the consent form for treatment.

Microcurrent Facial Rejuvenation is the application of microcurrent stimulation to the face and neck over fine lines, muscle origins and insertions and selected acupuncture points to improve skin texture, muscle tone and enhance overall health and vitality.

Needles are not used in the facial rejuvenation technique.

Microcurrent Facial Rejuvenation is not a surgical procedure. It is not a substitute or alternative for any cosmetic procedure.

Benefits of Microcurrent Facial Rejuvenation may include:

- Improved skin texture
- Improved muscle tone
- Promotion of improved cellular metabolism
- Reduced puffiness around the eyes
- Stimulation of skin's natural collagen and elastin production

Contra-indications:

- Cancer or thru Benign Tumor
- Epilepsy
- Pacemaker/serious heart conditions
- Pregnancy
- Serious Rosacea
- Wound Infection

Reactions are rare but may include nausea, dizziness, weakness and possible skin reactions such as redness or other irritation for very sensitive skin. Please advise us of any skin conditions.

Flashing of the optic nerve may be experienced as well as a metallic taste in the mouth. There may be a slight tingling sensation during treatment. It is advised that patients drink water before and after treatment.

Initial _____ **Date** _____

Disclaimer: There is no guarantee or warranty, either expressed or implied on the results that may be obtained from treatments. There may be additional information and risks based on the facts in your health history.

Initial _____ **Date** _____

Consent for Microcurrent Treatment:

- I authorize Alexis at Soleil Wellness & Day Spa to perform Microcurrent Facial Rejuvenation treatments.
- I understand that there may be side effects from microcurrent treatments.
- I understand and acknowledge that there are no guarantees regarding results.
- I consent to treatment. I have received and read information regarding the techniques and the technique has been explained to my satisfaction.

Name (Please Print): _____ Date: _____

Signature: _____