SKINSPIRE
ESTHETICS

Today's Date:_____

Client Electrocautery Consent

Name: _____ Date of Birth: _____ Age: _____

Electrocautery is a current that is attracted to the water in various skin conditions. It uses a tiny probe on or just under the surface of the skin to dehydrate the problem area, causing the body (over a few days) to exfoliate the dried skin that removes and clears the skin of the condition. RF also helps to improve broken capillaries the (telangiectasia), cherry angiomas, skin tags, small moles and sun spots.

_____ I authorize, Skinspire Esthetics LLC, to perform the procedure and understand the risks involved as stated below.

1. Multiple treatments may be required for optimal results.
2. The skin treated may be red and swollen. Raised areas and small scabs are common.
3. Micro-scarring: electrocautery can create a bruise and/or moderate burn or blister to the site treated.
4. Hyper-pigmentation (browning) and/or Hypo-pigmentation (whitening) have been noted post treatment.
5. Infection can occur if the area is picked or not kept clean post treatment. If you have a history of herpes simplex virus in the treated area it is recommended to use preventative therapy prior to treatment.
6. Pinpoint bleeding may occur.
7. Wear SPF 30 or higher prior to treated area to protect your skin.
8. Post care follow up: Client may need to return 7-10 days post treatment to ensure the tissue is healing properly.
9. No guarantee can be given to me as to the condition of my skin or degree of improvement

_____ I understand and agree that the trained professional has explained the possible complications from the proposed RF treatment and I have had sufficient opportunity to as questions.

_____ I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. 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 will call to inform my skin therapist of any complications or concerns I may have as soon as they occur.

_____ I am over 18 years of age or I have parental consent co-signed below.

_____

Print Name   **Client Signature**   **Date**

_____

Print Name   **Guardian Signature**   **Date**