



PATIENT CONSENT FORM

**For Patients, Volunteer Patients, In-service training
TONE**

PATIENT NAME _____

TREATMENT SITES _____

I DULY AUTHORIZE _____ **TO PERFORM** _____ **TREATMENT.**

I understand that the device being used for muscle tone improvement of which I am consenting to be a patient receiving Tone treatment.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, pain, swelling, muscles spasm, and temporary discoloration of the skin, as well as the possibility of rare side effects such as treatment area infection, scarring and permanent discoloration. These effects have been fully explained to me _____(patient's initials).

I understand the treatment with this system involves a series of treatments and the fee structure has been fully explained to me _____(patient's initials).

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is solely based on my expressed desire to do so.

I confirm that I have informed staff regarding any current or past medical conditions, disease or medication taken.

I consent to the taking of photographs and authorize their anonymous use for purpose of medical audit, education and promotion..

I certify that I have been given the opportunity to ask questions and I have read and fully understand the contents of this consent form.

PATIENT SIGNATURE _____

WITNESS SIGNATURE _____ **DATE** _____



