# ENDYMED PRO *with* INTENSIF INFORMED CONSENT FORM

ACHIEVE Beautiful SKIN MEDI-SPA VIERA

## CLIENT

_____ I understand that the **EndyMed PRO** is a radio-frequency device (RF) device intended for use in dermatologic and general surgical procedures for non-invasive treatment of wrinkles and rhytides. I understand that multiple treatments may be required and that there is no guarantee that the wrinkles/rhytides will be completely removed. I understand that there is a possibility of short term (few seconds to hours) adverse effects such as heating sensation, erythema and dry skin. Burns may occur in rare situations. These possible adverse effects have all been fully explained to me.

_____ I understand that the treatment by the **EndyMed PRO** system involves a series of treatments and the fee structure has been fully explained to me. I also understand that there are other options for wrinkle and rhytides treatment that are available and each of these other options have fully been explained to me.

_____ With this in mind, I am choosing to try **EndyMed PRO** non-invasive treatment forwrinkle and rhytides reduction.

## INTENSIF FRACTIONAL RF MICRONEEDLE

I duly authorize _____ to use the EndyMed PRO system to perform fractional RF microneedle treatments on me and any post treatment medical requirements that may be necessary.

**Signature:** _____

## PHOTOGRAPHS

☐ **I do** ☐ **I do not** give permission for photographs and other audio-visual and graphic materials to be used by the physician for marketing, education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

**Signature:** _____

**I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.**

**Client:** _____ **Signature:** _____

**Witness:** _____ **Date:** _____