



**Informed consent form for treatment with RF & Vacuum based Reaction™ system**

**Patient Information**

First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Health Questionnaire:**

Are you experiencing or have you experienced any of the following?

- Active/ Chronic conditions: Y  N  Specify: \_\_\_\_\_
- Surgeries/ Hospitalization: Y  N  Specify: \_\_\_\_\_
- Medication Care: Y  N  Specify: \_\_\_\_\_
- Sensitivity to Medication: Y  N  Specify: \_\_\_\_\_
- Allergy: Y  N  Specify: \_\_\_\_\_
- Pregnancy: Y  N
- Under age of 18 Y  N

**Exclusion Criteria from treatment (Contraindications):**

Check any box that applies to you:

- Cardiac pacemaker, defibrillator, or other implanted electronic/metallic device
- Use of drugs that influence the immune system
- Impaired immune system (as HIV)
- Any endocrine disorder, such as diabetes
- Active or recent malignancy (cancer)
- Uncontrolled thyroid disease
- Blood coagulopathy or excessive bleeding or bruising
- Use of blood thinning medications (anticoagulants)
- History of deep vein thrombosis in the treatment area
- Heat induced diseases (Herpes, etc) in the treatment area\*

\*For patients with chronic herpes simplex virus infections, pretreatment with antiviral medications should be initiated, especially when lesions appear in the site to be treated. Antiviral treatment typically begins 1 day prior to treatment and continues for a total of 5-7 days

- Any active skin disease in the treatment area (such as herpes, eczema, rash)
- Extra dry or sensitive skin
- Sunburns in the treatment area
- Suffering from Keloid scars or impaired wound healing
- Tattoo or permanent makeup in the treatment area
- Use of Accutane/Roaccutane/Isotretinoin/Amnesteem/Claravis/Sotret within the past 6 months
- Any aesthetic or medical surgery in the treatment area in the past 3 months
- Breast-feeding in the past 3 months

**Additional Contraindications when treating with ST application:**

- Any synthetic filler procedures (i.e. silicon) in the treatment area
- Botox injections in the past 2-4 days
- Chemical peel or natural fillers in the past 2 weeks
- Deep chemical peel / laser peel in the past 6 months

1. I \_\_\_\_\_ duly authorize \_\_\_\_\_ and other specially trained associate technicians of this facility, to perform treatments using the Reaction™ system.

2. I hereby declare that I was informed in regards to the following:

Possible risks and side effects of the treatment may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the glycerin oil or acoustic contact gel, bruise, blister, burn, hyper- and hypo-pigmentation. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consult may be necessary.

**My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by Bella MediSpa & Salon.**

**Client's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Treating personnel's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Treating personnel Declaration:***

This consent was accepted by me, after I explained to the client all of the above and confirmed that all of my explanations were understood by him/her.