



## Super Frecator 6800

### Contraindications:

Please check any that pertain to you:

- Pregnant
- Cardiac problems
- Pacemakers
- Epileptic
- Diabetics must have a doctor's permission in writing
- Internal Cancer
- Skin Cancer
- Active Cold sores
- Dermatitis
- Radiation treatment must be completed 6 months prior
- Aids/Auto Immune/ Lupus
- Accutane users must wait 1year
- Prednisone
- Heart medications
- Chemotherapy treatments must be completed one year prior
- Renova/Retin-A must discontinue use for one month prior/ Must wait two months after treatment to resume
- Differin, Azelex, Tazarac & Alpha Hydroxy Acid products must be discontinued 2 weeks prior
- Allergies to Tetracaine, Lidocaine, Epinephrine

**Skin Conditions that the Super Frecator cannot remove are Moles, Warts, Skin Cancer, Active Acne, Melasma, and Keloids.**

I hereby authorize and direct Danielle Spohr of Skin Care by Danielle LLC to perform Super Frecator 6800 treatments on \_\_\_\_\_ . I have authorized the treatment of the following areas \_\_\_\_\_ .

The details of the procedure have been explained to me in terms I can understand. Alternative methods of treatment, if any, have been explained to me as have the benefits and disadvantages of each. I am advised that though good results are expected, complications cannot be anticipated and that therefore there can be no guarantee, either expressed or implied, as to the results of the treatment.

I understand that possible complications post treatment might include hypopigmentation (lighter skin color where growth was removed), infection if I scratch treated area before it is healed, or possible scarring if I am prone to keloids.

Please Initial:

\_\_\_ I am NOT diabetic nor do I have high blood pressure. I understand that this treatment is not recommended for diabetics or for people with high blood pressure.

\_\_\_ I do NOT have a pacemaker. I understand I am not a candidate for this treatment.

\_\_\_ I am NOT pregnant or have had a baby in the last 6 months. I understand I am not a candidate for this treatment.

\_\_\_ I understand that if I have Fibromyalgia or Mitral Valve Prolapse I will be asked to provide a release form from my physician.

\_\_\_ I certify that I have no history of shingles, cold sores, or herpes. If I do I must see my physician for preventative treatment prior to receiving the Super Frecator 6800 procedure.

\_\_\_ Danielle Spohr has answered all my questions and has explained the most likely complications or problems that might occur during the treatment and healing period and I understand them.

\_\_\_ I understand that all precautions will be taken to ensure the best possible results but I understand my skin may not react the same as most and therefore I cannot hold Skin Care by Danielle LLC liable for unforeseen outcomes. I am aware that I am excepting this treatment at my own risk and that Skin Care by Danielle LLC shall be released of all responsibilities and liabilities should the treatment with the Super Frecator 6800 machine cause any adverse results.

\_\_\_ With my Consent, Skin Care by Danielle LLC is contacted to perform cosmetic treatment on my person with Super Frecator 6800 devise. I acknowledge that each person's skin type and condition is different and that each person may have different reactions to treatment with the Super Frecator 6800.

\_\_\_ I have been advised that scabs will appear in areas treated and that each individual have different skin pigmentation cells and that pigmentation may remain on my skin for a period of time too will subside. I have further been informed that the treatment with the Super Frecator 6800 devise may result in temporary swelling and discomfort.

\_\_\_ I certify that I have read and that I understand this consent form and that all blanks were filled in prior to my signature.

\_\_\_ I understand that taking before and after photographs of the said procedure(s) are a condition of such procedure(s). I hereby grant the undersigned Skin Care by Danielle LLC the irrevocable right and permission, throughout the world, in connection with the photographs they have taken of me, or in which I may be included with others, in any display method, including but not limited to, print, internet and television.

\_\_\_ I understand that taking before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedures permit. I accept full responsibility for the decision to have this cosmetic work done. I hearby forever release and discharge from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitations, any and all claims for invasion of privacy, right of publicity, defamation and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of Skin Care by Danielle LLC, as well as the party(ies) for whom they took said photographs.

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_