



MICROCURRENT INFORMED CONSENT FORM

Today's Date _____

The MyoLift™ 600 is a True Microcurrent device, cleared as FDA OTC and is used for anti-aging and other skin care procedures. The current used is less than one millionth of an amp that works in harmony with the body's own electrical system. MicroCurrent provides the muscles with very small amounts of electricity causing them to flex and relax. This is a gentle non-invasive treatment that 're-educates' the muscle. For optimum results a series of 4-6 treatments are recommended within 60 days and/or 2 treatments per month are suggested until desired result are achieved. Maintenance is depended on the individual's goals. Increase water intake following the treatment.

Last Name		First Name		Date of Birth	
Address			City	State	Zip
Cell	Work		Emergency Contact No.		

Circle if you have any of the following:

Currently under Physician's care	Yes	No	Pregnant/Lactating	Yes	No
Smoker	Yes	No	Stress/Anxiety	Yes	No
Cancer	Yes	No	Heart Surgery	Yes	No
Metal Implants	Yes	No	Skin Cancer	Yes	No
Fillings in Teeth	Yes	No	Epilepsy	Yes	No
Asthma	Yes	No	Cardiac Issues	Yes	No
Fever Blisters	Yes	No	Chronic Headaches	Yes	No
Hepatitis	Yes	No	Herpes	Yes	No
High Blood Pressure	Yes	No	Immune Disorder	Yes	No
Lupus	Yes	No	Fibromyalgia	Yes	No
Pacemaker	Yes	No	Sinus	Yes	No
Skin Diseases	Yes	No	Topical Exfoliants	Yes	No
Mitral Valve Prolapse	Yes	No	Botox/Fillers	Yes	No
Facial Plastic Surgery	Yes	No			

Precautions to consider:

- | | |
|--------------|------------------------|
| Allergies | Hypersensitive Skin |
| Acne/Rosacea | Loss of skin sensation |
| Diabetes | Stroke |
| Bell's Palsy | |

By initialing and signing below, I acknowledge the following:

- _____ I acknowledge that no guarantee has been given to me as to the condition of the complexion, how much firming and toning, skin pore size, wrinkles or percentage of improvement expected following treatment, due to each individual's reactions.
- _____ I have read the above information and thereby consent and agree to receive the MicroCurrent Treatment.
- _____ All my questions have been acknowledged and answered to my satisfaction.
- _____ I hereby acknowledge that I have provided accurate and honest information.
- _____ I consent to before and after pictures. Furthermore, I consent to having my photos used for educational purposes only without the use of my name.
- _____ I understand that my skin may be slightly pink but that will subside within a few hours.
- _____ I understand that I must follow the home care regimen recommended by the Skin Care Professional.

Client Signature _____

Date _____