LOTUS SPA EAU CLAIRE
4956 Bullis Farm Road
Eau Claire, WI 54701

Informed Consent

Skin Tightening – SkinTyte *II*™

I, _____,

authorize _____, and / or a designated practitioner of

_____ to perform skin tightening with SkinTyte on

the following area(s) of my body:

_____

I understand that SkinTyte *II*™ with the Sciton BBL is intended for selective photocoagulation of soft tissue for firmer looking skin. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short term effects such as reddening, mild burning, temporary bruising, and temporary discoloration of the skin. These effects have all been fully explained to me.

Based on the experience of other physicians it has been found that patients who tend to sunburn rather than tan usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all

☐ I understand that the SkinTyte treatment with the Sciton BBL system involves payment and the fee structure has been fully explained to me.

☐ I also understand that there are other options for treatment that are available and each of these other options has been fully explained to me.

☐ With this in mind, I am choosing the Sciton BBL non-invasive treatment for selective photocoagulation of soft tissue.

Photography

I do____ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education 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.

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Name (Printed): _____

Signature: _____

Date: _____

Witness: _____