



Consent Form for the following services:

(Cavitation, Radio Frequency, Lipo Laser & Vacuum Therapy)

Name: _____
Address: _____
DOB: _____ Age: _____ Height: _____
Email: _____ Phone #: _____

Do any of the following conditions currently apply to you? (check all that apply)

- Pregnant or Breast Feeding
- Compromised liver function... (hepatitis, raised liver enzymes, fatty liver, etc.)
- Tendencies to bleeding... (hemophilia, taking warfare in or blood thinning medication)
- Pace Maker or Cardiovascular disease
- High blood cholesterol/triglycerides or on my body
- Epilepsy (medicated or have had seizures in the past)
- Diabetes
- Acute Illness (cold, flu, tummy bug)
- Cancer (previously diagnosed or current treatment)
- Past allergy or reaction to ultrasound gel... (we use hypoallergenic gel)
- Metals or any device inside my body

Have you consumed at least three glasses of water today prior to your treatment?

- YES NO, but I will have some now please.

What are your expectations for treatment/your goals for treatment?

(example: target area/weight loss) _____

Please list ALL current daily medications, herbs, supplements and doses of each:

I have been made aware and understand that there are **NOREFUNDS** and payments are **NON-TRANSFERABLE**. I also understand that there is a \$25.00 fee for no show appointments and a \$10.00 fee for cancellations made less than 24 hours of your scheduled appointment. Appointments cancelled within 24 hours of your appointment will be treated as a no show and a \$25.00 fee will be charged.

Printed Name: _____

Signed Name: _____

Date: _____

****Please inform your service provider if you are currently on your menstrual cycle****
You may need to reschedule.

Thank You For Choosing Tighten Body Bar!

