

Consent for Treatment for Skin Tightening with the PiXel8- Radio Frequency Micro-Needling System

I, _____, authorize and consent to the treatment for skin tightening with the **PiXel8- – Radio Frequency Micro Needling System**.

I have been advised by Dr. James Loging, MD or other provider of Palmetto Cosmetic Surgery and Aesthetics of the purported advantages and disadvantages associated with this treatment. _____ (Initials)

I understand that treatment with this system varies from patient to patient and that that more than 1-treatment may be required. _____ (initials)

Although rare, adverse outcomes such as skin texture changes and scarring can occur. _____ (Initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my skin condition due to the procedure. _____ (Initials)

I understand that the possible benefits are the tightening of loose skin. _____ (Initials)

I certify that I do not have any metal implants in the area being treated. _____ (Initials)

I certify that I do not have any electronic implants (pacemaker, insulin pump, etc.). _____ (Initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. _____ (Initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results this device produces. _____ (Initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician and Dr. James Loging, MD and Palmetto Cosmetic Surgery and Aesthetics from any and all liability, damages, cost and expenses arising from or out of the use PiXel8- Radio Frequency Micro Needling System for treatment of skin tightening. _____ (Initials)

With all of the above information understood, I am choosing to be treated with the PiXel8- Radio Frequency Micro Needling System.

Signature

Print Name

Date

Witness

