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## Sample Consent Form

Client Name: .....

Date: .....

**I confirm that I am over 18 and under 65 and that I have been advised of the following:**

1. The 'BeautyTeck' is a cosmetic device designated for the ablation of 'Brown and Aging Spots', 'Mole Removal', 'Acne Scar and Benign Skin Lesion' attenuation, 'Wrinkle Reduction' (through skin tightening) and 'Permanent Make Up' and 'Tattoo' removal.
2. Treatment with the 'BeautyTeck' Plasma Pen can result in some reactions including redness and swelling. If any of these symptoms persist for more than six days, or if any other side effects develop, report them to your practitioner as soon as possible so that they can advise on the best course of treatment.
3. It is imperative that the aftercare instructions are followed as prescribed to minimise any risk of infection.
4. There is small risk of permanent scarring, hypopigmentation or hyperpigmentation which can be minimised but can never be completely avoided, however these risks are greatly increased if after care instructions are not strictly adhered to.
5. The number of treatments required will be determined by the type of treatment and the size of the area being treated. Each stage of a course of treatments will take place a minimum of between 4 to 8 weeks apart dependent upon the skin regeneration of the individual client.
6. The risk of hyper pigmentation is very low and can be minimised but not completely avoided. Hypopigmentation is a normal reaction in skin renewal and normally disappears after a few months. These risks are minimised by avoiding sun exposure and applying total sun block for the prescribed period.
7. Mole and Skin Lesion removal can only be undertaken if the client has had confirmation from their GP that these are benign. In these cases there is a low risk of hypertrophic or atrophic scarring and hypo or hyper pigmentation could develop after healing.
8. Avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.
9. Avoid extreme sports for several days after treatment.
10. The 'BeautyTeck' has not been proven for children, breast feeding or pregnant women and is therefore not recommended.
11. The 'BeautyTeck' is not recommended for clients with increased susceptibility to keloid formation and hypertrophic scarring.
12. IF YOU EVER HAD EPISODES OF HERPES SYMPLEX WE RECOMMEND TO UNDERGO A COMPLETE ANTIVIRAL COURSE TREATMENT BEFORE UNDERGOING ANY TREATMENT WITH THE DEVICE
13. THE TREATMENT IS NOT RECOMMENDED IF YOU HAVE A PACEMAKER or metal implant
14. Safety of the 'BeautyTeck' for simultaneous use with peeling, botox, laser or ultra sound based treatments is unknown and should be avoided for at least two months after the last treatment.
15. There is no available clinical data (efficiency, tolerance) about the application of the 'BeautyTeck' :-
  - a) in clients with a previous history of autoimmune diseases or receiving immunotherapy or

b) into an area which has already been treated with a filling product (especially permanent filling materials such as Silicone or Aquamid) unless it is certain that the filling product is no longer present.

**My beautician/aesthetic practitioner has:**

1. Provided me with sufficient information about the treatment in order to make an informed decision, and I understand the risks involved.
2. Given me the opportunity to ask all remaining questions I may have about the treatment and has answered them to the best of their ability.
3. Given me the time to consider the treatment.
4. Received relevant medical history information from me to the best of my knowledge.

**I have read the above and consent to receiving the treatment at my own discretion.**

*Client's signature:* .....

*Date:* .....

**PHOTOGRAPHS**

I authorise the taking of photographs and video footage which will be retained as a private record for the clinic and practitioner.

IF YOU CONSENT THE USE OF YOUR PHOTOGRAPHS AND VIDEO FOOTAGE FOR MARKETING PURPOSES SIGN  
HERE.....

Initials: .....