



## eTwo PATIENT CONSENT

I hereby authorize and direct About Skin's eTwo technician to perform Sublative/Sublime (*circle procedure*) on me. I understand that the eTwo is a device used for skin resurfacing (**Sublative**) and wrinkle treatment (**Sublime**) of which I am consenting to be a patient receiving \_\_\_\_\_ Treatment (*specify procedure*) I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post treatment instruction, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me \_\_\_\_\_ (initials).

I understand that treatment with the eTwo involves a series of treatments and the fee structure has been fully explained to me \_\_\_\_\_ (initials).

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

### **PATCH TEST**

A patch test treatment may be done to evaluate skin responsiveness. By refusing I release the technician, About Skin, LLC, Naki Skin Care, LLC and Reliant Family Practice and their owners from liability if I develop an allergic reaction.

I consent to the patch testing: \_\_\_\_\_

I am refusing patch testing: \_\_\_\_\_

Patient Initials \_\_\_\_\_



eTwo  
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**ACKNOWLEDGEMENT**

I understand and acknowledge that payments for the above named procedure(s) are non- refundable.

\_\_\_\_\_ Initial

By my signature below, I certify that I have read and fully understand the contents of this permit for Laser Hair Removal and that the disclosures referred to herein were made to me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date