

## Consent form

### endermologie® face

I hereby authorize and consent that \_\_\_\_\_, as well as the other technicians trained by the Daniele Henkel Academy, perform Health Canada approved, endermologie® face treatments with the CelluM6 device from LPG.

The nature and objectives of endermologie® face treatments were clearly explained to me during the consultation. This gave me the opportunity to ask questions and discuss treatment opportunities, limitations and possible side effects.

Although it is impossible to foresee all the possible risks or complications that may arise as a result of the treatment undertaken, I acknowledge having been informed of the main signs of effectiveness and the undesirable effects likely to occur according to each procedure:

- Redness
- Discomfort
- Warming sensation
- Hematomas

I also acknowledge that results are not guaranteed and may vary from one person to another. Indeed, the results of the technology used, like any aesthetic procedure, may not be those expected. They depend on several factors including the condition of the skin, age, lifestyle, as well as my commitment to the established protocols and the consistency of the program that the technician will have suggested. Thus, additional sessions may be required as part of the treatment course.

#### **Contraindications to the practice of procedures and treatment**

I understand the importance of providing, to the best of my knowledge, true and relevant information regarding my medical history during the pre-treatment assessment. Therefore, if problems related to the procedure were thus anticipated and it proved to be contraindicated, with the information provided, it would not be performed. I therefore undertake to inform the technician of any medical changes that may occur during the treatment course.

I acknowledge that I have been informed of the strict contraindications associated with this type of procedure and that I am not subject to any of those mentioned below:

- Cancer in progress
- Anticoagulant treatment
- Blood illness
- Illness in an acute and inflammatory phase
- Infections, cutaneous rashes
- Vitiligo
- Inflammatory and infectious acne
- Active oral herpes

## **General terms**

### **Treatment cost**

The cost of the treatment has been explained to me, I understand it and accept the terms

### **Cancellation of a session**

If I have to cancel a session, I understand that a notice of at least twenty-four (24) hours is required, failing which I may be charged cancellation fees.

### **Photographs**

To improve the results, I accept the taking of photos before, during and after the endermologie® face treatments

I acknowledge having read and understood this consent form and all the information it contains. I understand the procedures and accept the risks. All my questions have been answered satisfactorily and I agree to the terms of this document.

I will not hold the trained technician(s) responsible for any condition related to my medical file, present and undisclosed at the time of the procedure and which the treatment may affect.

Client's signature \_\_\_\_\_ date \_\_\_\_\_