



Informed Consent eMax

Patient Name _____

Treatment Sites _____

By signing below, I authorize Paula Jewett, M.D., and Tiffany Diangson, Licensed Aesthetician, to perform eMax treatment.

I understand that the eMax is a device used for hair removal, skin rejuvenation, acne treatment, skin tightening, wrinkle reduction and non-ablative dermal remodeling, leg veins and other vascular lesions treatment. I consent to the following treatment:

I understand that clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

_____ (patient initials) 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.

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 understand that photographs will be taken which may be used for medical, scientific, educational, or marketing purposes provided my identity is not revealed.

I confirm that I have informed the staff of Women's Care, PC, of any current or past medical conditions, 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.

Patient Signature _____ Date _____

Witness Name _____ Signature _____