VIORA	**V-FORM** Informed Consent form - Demo	
	CF- 081	**Rev. A**

Patient Information

First and Last Name: _____

ID number (Social security number): _____

D.O.B.: _____

Address: _____

Phone / Mobile: _____

Health Questionnaire:

Have you today or in the past experienced any of the following:

Active/ Chronic conditions:	Y ☐ N ☐	Specify: _____
Surgeries/ Hospitalization:	Y ☐ N ☐	Specify: _____
Medication Care:	Y ☐ N ☐	Specify: _____
Sensitivity to Medication:	Y ☐ N ☐	Specify: _____
Allergy:	Y ☐ N ☐	Specify: _____
Pregnancy:	Y ☐ N ☐	
Under age of 18	Y ☐ N ☐	

Exclusion Criteria from treatment (Contraindications):

Tick any of the boxes that apply to you:

☐ Cardiac pacemaker, defibrillator, or other implanted electronic/metallic device
☐ Use of drugs that influence the immune system
☐ Impaired immune system (as HIV)
☐ Any endocrine disorder, such as diabetes
☐ Active or recent malignancy (cancer)
☐ Uncontrolled thyroid disease
☐ Hepatitis or liver disease
☐ Blood coagulopathy or excessive bleeding or bruising
☐ Use of blood thinning medications (anticoagulants), including fish oil, garlic supplements, etc.
☐ History of deep vein thrombosis in the treatment area
☐ Heat induced diseases (Herpes, etc.) in the treatment area
☐ Any active skin disease in the treatment area (such as herpes, eczema, rash)
☐ Extra dry or sensitive skin
☐ Sunburns in the treatment area

☐ Suffering from Keloid scars or impaired wound healing

☐ Tattoo or permanent makeup in the treatment area

☐ Use of Accutane within the past 6 months

☐ Any aesthetic or medical surgery in the treatment area in the past 3 months

☐ Breast-feeding in the past 3 months

1. I _____duly authorize_____ and other specially trained associate technicians of this facility, to perform treatments using the V-FORM handpiece.
2. I am hereby undertaking the responsibility of the treatment outcome.

Possible risks and side effects of the treatment which may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the glycerin oil or acoustic contact gel, bruise, blister, burn, hyper- and hypo-pigmentation. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consult may be necessary.

My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by this facility.

Client's Name	**Signature**	**Date**

Treating personnel Declaration:

Treating personnel's Name	**Signature**	**Date**

This consent was accepted by me, after I explained to the client all of the above and I confirm that all of my explanations were understood by her/him.