	V-ST Informed Consent form - Demo	
	CF-US-051	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):**

Check 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

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- Breast-feeding in the past 3 months
- Any synthetic filler procedures (i.e. silicon) in the treatment area (Please note that some of the fillers are "heat resistant". In these cases, ST Handpiece treatments may start two weeks after the filler procedure.)
- Botox injections in the past 5-7 days
- Chemical peel or natural fillers in the past 2 weeks
- Deep chemical peel / laser peel in the past 6 months

1. I \_\_\_\_\_duly authorize\_\_\_\_\_ and other specially trained associate technicians of this facility, to perform treatments using the ST Handpiece.
2. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment.
3. I hereby declare that I was informed in regards to the following:
  - 3.1. The versatile treatments available with the ST Handpiece are based on RF technology, implemented in medical applications for over 3 decades. RF utilizes different frequencies flowing through the skin with the purpose of heating the dermis and hypodermis layers. The heat promotes the production of collagen fibers which are the main proteins in the skin responsible for skin elasticity and resilience thereby contributing to healthier and flexible skin. In addition, RF induced heat increases stored fat break down. The treatment is noninvasive.
  - 3.2. I have been advised of the expected results as well as the 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.