



CONSENT FOR SMOOTHSHAPES CELLULITE TREATMENT

I authorize Mona Esthetics Staff to perform SmoothShapes treatment on me. I understand that the procedure is purely elective.

I understand that the common side effects may include redness, skin tenderness, skin abrasion, and warming of the feet, which may last a few hours to 3-4 days or longer and failure to achieve the desired result. You may experience other unknown side effects that have not previously been reported. Lasers can cause eye injury and protective eyewear must be worn during treatment. Serious complications are rare, but possible.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education training, professional publication, or sales training. Initial____

No photographs revealing my identity will be used without my separate written consent. If my identity is not revealed, these photographs may be used and publically displayed without my permission.

Before and After treatment instructions have been discussed with me. The procedure as well as alternative treatment, potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

Patient Signature: _____
Date: _____

Staff Signature: _____
Date: _____

