



GENERAL TRAINING FACILITY & AESTHETIC SERVICES INFORMED CONSENT

I understand that this is an educational facility, and that some or all of my treatment will be performed by students in training under direct supervision of certified instructors.

I understand that all energy based devices have risks. These risks include but are not limited to: bleeding, infection, blisters, hyper-pigmentation, hypo-pigmentation, burns, keloid formation, or no response to treatment.

I understand this is a process & therefore not an exact science. I accept the possible consequences of the said procedure(s).

I understand that multiple treatments may be required to achieve the cosmetic result that I desire. The number of treatments may vary from patient to patient.

I acknowledge that I have been given no guarantee as to the results of the energy based intervention that I am interested in.

I acknowledge that all of my questions regarding this treatment have been answered to my satisfaction.

I give permission to the IMAJ Institute to leave messages on my cell or home phone in the event that a treatment needs to be rescheduled or in the event that information needs to be passed on to me.

I have complied with all pre-procedure rules. I have not been exposed to excessive sun & my skin does not feel sensitive or irritated in any way.

I have informed student of all health problems and any oral or topical medications I may be using including Retin-A, Renova, Accutane or any vitamin A products.

I understand that my failure to follow post care instructions may jeopardize my chances for a successful procedure.

I acknowledge that this is an elective cosmetic intervention and agree to allow the school to use professional judgment in choosing the appropriate treatment for my skin.

I understand that if I have any skin treatments, energy based treatments, plastic surgery or other skin altering procedures; it may result in adverse changes.

I give permission to the IMAJ Institute staff to use non-identifying photos for future education and subjective documentation of treatment effects.

I am not pregnant, trying to get pregnant, or breast feeding.

I accept full responsibility for the decision to have this aesthetic/energy based treatments performed on me.

I acknowledge that I am allowed a 15 minute grace period if I am running late for an appointment. I understand that if I arrive 15 minutes or later I will be asked to reschedule my appointment.

I have initialed and understand all of the issues listed above. I wish to proceed with treatments at the IMAJ Institute

Client's Name (Please Print): _____ Date: _____

Client's Signature: _____

Student Name: _____ Student Signature: _____

