



Zyone Healing Massage & Body Sculpting

9635 Southern Pines Boulevard

Suite 114

Charlotte, North Carolina 28273

Consent for Treatment

I hereby consent to and authorize **Martina Woods, Zyone Healing Massage & Body Sculpting**, to perform the following procedure(s) *(Check all that apply)*

- ☐ Ultrasound Lipo Cavitation
- ☐ Laser Lipo
- ☐ RF Skin Tightening
- ☐ RF Vacuum
- ☐ Butt Enhancement
- ☐ Lymphatic Drainage

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved by **Zyone Healing Massage & Body Sculpting**.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. If I have additional **questions or concerns** regarding my treatment or suggested home product/post-treatment care, I will consult my aesthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the aesthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed, at the time of this skin care procedure, which may be affected by the treatment performed today.

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Date:

Client Name:

Client Signature:

Email Address:

Date:

Martina Woods. Owner
Zyone Healing Massage & Body Sculpting