



Treatment Consent Form

This consent to treatment form explains the risks and benefits of the Contour Light treatments. Patient understands the following.

1. Results vary greatly from person to person. No result is guaranteed.
2. Contour Light is a treatment intended to be implemented in conjunction with a modification in diet and lifestyle as part of a complete protocol. The recommended diet and lifestyle is a critical part of the program and are essential in achieving the maximum results.
3. Temporary hyper pigmentation/hypo pigmentation (changes in skin color) on rare occasion may occur as a result of treatment.
4. Contour Light should not be used by patients with any of the conditions listed below.

Conditions that Prevent Treatment:

Patient agrees (by initialing) that all of the following are true:

____ I am over the age of 18

____ I do not have and never had any of the following medical conditions

- Cancer (active or withing 1 year of remission)
- HIV/AIDS
- Hepatitis C or D
- Uncontrolled high blood pressure

____ I am not pregnant or breastfeeding

____ I do not have a pacemaker

I understand the risks of the Contour Light and agree to the treatment program outlined by my doctor.

Patient Signature: _____ Date: _____

Please print name: _____

Date of Birth: ____ / ____ / ____

Employee Witness: _____ Date: _____