

**Consent for Treatment for Skin Tightening with the
PiXeI8- Radio Frequency Micro-Needling System**

I, _____, authorize and consent to the treatment for skin tightening with the **PiXeI8- – Radio Frequency Micro Needling System**.

I have been advised by, _____
_____ of the purported advantages and disadvantages associated with this treatment. _____ (Initials)

I understand that treatment with this system varies from patient to patient and that that more than 1-treatment may be required. _____ (initials)

Although rare, adverse outcomes such as skin texture changes and scarring can occur.
_____ (Initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my skin condition due to the procedure. _____ (Initials)

I understand that the possible benefits are the tightening of loose skin. _____ (Initials)

I certify that I do not have any metal implants in the area being treated. _____
(Initials)

I certify that I do not have any electronic implants (pacemaker, insulin pump, etc.).
_____ (Initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. _____ (Initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results this device produces. _____ (Initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician and _____ from any and all liability, damages, cost and expenses arising from or out of the use PiXeI8- Radio Frequency Micro Needling System for treatment of skin tightening. _____ (Initials)

With all of the above information understood, I am choosing to be treated with the PiXeI8- Radio Frequency Micro Needling System.

Signature

Print Name

Date

Witness