



Consent For Evolve Treatment

TREATMENT SITES: _____

I DULY AUTHORIZE SETTY PLASTICS AND AESTHETICS TO PERFORM THE EVOLVE TREATMENT.

_____ I understand that the device being used for skin improvement, muscle tone or cellulite treatment, of which I am consenting to be a patient receiving the Evolve treatment

_____ I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment

_____ I understand that there is a possibility of short-term effects such as reddening, mild burning, swelling, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. When using Tone applicator minor, short term muscle spasm/pain may occur. These effects have been fully explained to me

_____ I understand that treatment with this system involves a series of treatments and the fee structure has been fully explained to me

_____ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so

_____ I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken

_____ I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion

_____ I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form

_____ I certify that I have been given the opportunity to review the following pre-treatment items and agree I have followed the instructions:

Setty Plastics and Aesthetics • McKinney: 6347 S. Custer Rd. •

• Dallas: 18170 Dallas Pkwy., Ste. 202 •

972.930.0333 • Info@SettyPlastics.com



EVOLVE PRE-TREATMENT INSTRUCTIONS

Avoid skin irritation or intentional skin tanning. Sunscreen is advisable when outdoors during daylight hours.

Discontinue any irritant topical agents for 2-3 days prior to treatment.

Treatment area should be shaved with no lotion, make-up, perfume, powder or bath/shower oil present on the skin in the area to be treated

I understand that the following items will prevent me from safely receiving treatment:

- Pacemaker or internal defibrillator, or any other metallic or electronic implant anywhere in the body.
- Permanent implant in the treated area such as metal plates, screws and metal piercing, silicone implants or an injected chemical substance, unless deep enough in the periosteal plane.
- Intra-dermal or superficial sub-dermal areas that have been injected with HA/collagen/fat injections or other augmentation methods with bio-material during last 6 months

Patient Signature DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND BELIEVE THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I have read this form and understand it, and I request the performance of the procedure.

Patient Signature

Date of Birth