

### **PRE CARE**

- Please avoid treatments or activities which will cause inflammation in the time leading up to your appointment.
- Avoid exercise, swimming and heat treatments, such as the use of steam, sauna , sunbeds/sunbathing - 24 hrs.
- Use of active skin care ingredients which may increase sensitivity glycolic, retinol, salicylic - 24 hrs.
- Cosmetic injectables should be avoided for 2 weeks (minimum) prior to having an RF service.
- Strong peels or other deep exfoliation methods should be avoided for 2 weeks prior to your RF service.
- IPL and laser services in the treatment area should be avoided for two weeks/ ablative laser up to 8 weeks.

### **AFTER CARE**

#### **AVOID HEAT TREATMENTS**

After you have undergone radio frequency avoid hot baths, saunas and stay out of the sun. The main contra action of a radio frequency treatment is erythema. The redness should subside in over 24 hours, in some cases people will experience warmth in their skin and a mild sunburnt sensation during this period so it is important to avoid other heat treatments.

#### **AVOID THE USE OF MAKEUP AFTER TREATMENT**

The application of make up and other heavy moisturisers should be minimised for 12 to 24 hours.

#### **AVOID TIGHT FITTING CLOTHING FOR 24 HOURS**

Take care not to over stimulate the treated area, on the body be sure to avoid tight fitting clothes post treatment.

#### **DRINK WATER**

It is important to stay hydrated before and after your procedure to help your skin heal and rejuvenate faster.

I \_\_\_\_\_(client's name) confirm that I understand the risks and conditions associated with a radio frequency treatment and the products used.

Radio Frequency treatments are typically used for skin rejuvenation and tightening. This treatment introduces waves of radio frequency into the skin, which creates heat in the tissues. This process kickstarts the skins healing abilities and in turn stimulates many of the skin functions like the production of collagen and elastin which inevitably slow down with age. LED Light Therapy is a skin rejuvenation treatment that exposes skin to different wavelengths of visible light to address a variety of skin conditions and boost the overall radiance of the skin. Dermafusio products will be used in conjunction in order to introduce active ingredients for an enhanced and more targeted treatment.

Reactions from this treatment include: skin redness and tenderness, tightness, itching, hives or slight bruising. A histamine type reaction can cause hives or heat bumps on a heat sensitive skin but will improve up to 24 -36 hours after treatment.

Radio Frequency is a progressive treatment and it can take multiple treatments to see results. Your therapist will give you a guide to the number of treatments that may be required to address your individual concern but as with any cosmetic procedure there are no guarantees of results.

I confirm that the medical history and medication details that I have supplied are complete and correct and that there is no other medical information I need to disclose. I understand that withholding any medical information may be detrimental to my health and safety during the treatment in which I agree to undertake. If there is any change in my medical history, it is my responsibility to advise the practitioner before further treatments are carried out.

I confirm that I understand the risks and conditions associated with the treatment. These have been fully explained to me and I have had the opportunity to ask any questions and these have been answered to my satisfaction. Development of any reactions must be reported to the practitioner as soon as possible.

I have been given post treatment advice and I understand and agree to follow all the care instructions carefully to minimise the risk of side effects.

I consent to the taking of (pre and post-treatment) photographs to monitor treatment effects. Patient confidentiality can be maintained at all times.

I also consent / do not consent (please circle as applicable) to these photographs being used for:

Educational purposes: Yes/No

Website: Yes/No

Social media: Yes/No

I understand that I am free to withdraw my consent at any time.

I have read the above consent, and I confirm that by signing this form I consent to undergo treatment. I confirm that the information I have supplied is correct and take responsibility to inform of any change in my medical history.

Client's Signature: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_