Consent for Venus Legacy

Patient Name:_____

Treatment Sites:_____

I hereby authorize and direct any associates or assistants of Image ReNu to treat me with the Venus device.
I understand that there is a possibility of short-term side effects from the Freeze treatment. I could experience edema (swelling), prolong redness in the area treated as well as slight heat discomfort/tingling. These side effects have been fully explained to me _____(patient initials) during my consultation/treatment.

I acknowledge that patient results may vary depending on many factors including, but limited to, medical history, and individual's response to treatment; patient compliance with pre and post treatment instructions or changes in medical condition prior to, during or after treatment has been completed.

I am not pregnant_____(patient initials).

I am not lactating_____(patient initials).

I do not have a pace maker or defibrillator _____(patient initials).

I do not have any metal implants. _____(patient initials).

I agree (if required/requested) to the photographing of appropriate portions of my body for medical, scientific or educational purposes, provided they do not reveal my identity.

I understand that the Freeze treatment protocol involves a series of treatments with a specific protocol involved along with a fee structure associated to this series. I agree to follow this treatment protocol and fee structure as it was explained to me _____(patient initials).

It has been explained to me by Image ReNu assistants in a way that I understand:

_____The above treatment or procedure to be undertaken.

_____There are risks to the procedure/treatment proposed and I have been explained on what those risks are.

_____There is no guarantee on the final results that I will obtain.

_____The decision to proceed is based solely on my expressed desire to do so.

I have informed the staff regarding any current or past medical condition, disease or medication that I am taking.

Given the above, I, _____ understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release from any liability Image ReNu as well as any officers, directors or employees of the above companies for any condition or result, know or unknown that may arise as a result of any treatment I receive.

I understand that all treatments are non-refundable.

I have read and understood all information presented to me before signing this consent.

Print Name: _____ Staff: _____

Signature: _____ Date: _____