



RADIO FREQUENCY INFORMED CONSENT FORM

Name _____ Email _____
Phone _____ DOB _____ Age _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Phone _____
Referred by _____ Occupation _____

Hi. LDM Perfect is a multi-purpose radio frequency and high focused ultrasound device for treatment of wrinkles and skin tightening.

I understand the results may vary person-to-person and 4-6 treatments spaced out 14 days is recommended to achieve the optimal results. As an exact result cannot be predicted, I acknowledge that no guaranties have been made.

Side effects are rare and can include swelling, minor bumps, and flushed skin.

I confirm that I don't have a pacemaker, internal defibrillator, pregnant, or breast feeding. I do not have a history of epilepsy. I have had the opportunity to ask questions, and these questions have been answered to my full satisfaction.

I have read this entire document.

Signature: _____ Date: _____

Print Name: _____