

MICROCURRENT CONSENT

I _____ authorize *ROSA MYERS*, a licensed Aesthetician to perform my Jeunesse Microcurrent treatment(s).

INITIAL

_____ I understand that the following health conditions are contraindications, and an alternative treatment must be discussed. By initialing, I am informing my Aesthetician that I do **NOT** have any of these health conditions below:

Cancer
Pregnancy
Diabetes

Epilepsy
Thrombosis
Active Herpes

Seizures
Phlebitis
HIV / Hepatitis

Pacemaker
Lupus
Heart Condition

_____ I understand that I need to wait 2 weeks after having any injectables (*botox, restylane, etc*) before receiving a microcurrent treatment.

_____ I understand that there is no downtime with this treatment.

_____ I understand that I can have treatments as often as once a week to bi-weekly.

_____ I understand that results with Microcurrent are cumulative, so a series is best for optimal results.

_____ I understand that after a series is complete, a maintenance every 4-6 weeks is recommended.

_____ I understand that I will have better results if I'm hydrated and/or drink ionized water (*smartwater*) before and after my microcurrent treatment.

_____ I will inform *ROSA MYERS* if at anytime the treatment is uncomfortable, but shouldn't feel anything.

_____ I certify that the above statements are true and that I have been informed about the process of the Jeunesse Microcurrent treatment.

_____ My signature below constitutes my acknowledgement that I have read, understand and fully agree to proceed with the Microcurrent treatment.

Client's
Signature _____ Date _____

Rosa Myers
signature _____ Date _____