



Consent Form Rejuvenation

During the Beautytek session, micro currents are gently transferred into the body by probes. In addition, electrolyte gel is used to guarantee the transmission of these microcurrents and for absorption of active substances from the gel into the body.

I have been informed in detail about the application and purpose of the Beautytek session. I have also been informed and been able to ask questions about the possible side effects, the probable duration of the effects and limits of the effects. I was informed that the treatment can only be performed on healthy individuals. I herewith confirm that I am not having medical treatment for any serious illnesses. I have been informed about the contraindications, i.e. physical conditions in which the procedure may not be used.

Contraindications for treatment with Beautytek are: serious illness, pregnancy, epilepsy, pacemaker, and certain medications, in particular medication that is antibiotic and antiinflammatory/antiphlogistic. Botox & Fillers will reduce the progress in results.

Application of the electrolyte gel could in some rare cases cause a skin reaction in some clients, e.g., swelling, reddening, rash or spots. These reactions usually fade after one or two days. I shall inform my service provider immediately if such reactions occur and follow their instructions. A patch test will be performed at time of Consultation.

I have been informed that I must have a minimum of two sessions per week, at least two days apart, during the full series; otherwise my results will be compromised. I have been informed not to begin the Beautytek series if I am currently on, or plan to start, a massive weight loss program.

I have also been informed that the results of the recommended (6 to 12) Beautytek sessions, and the corresponding maintenance program will vary for each individual. As a rule, results and maintenance frequency depend on age, lifestyle, nutrition, water intake, commitment to session frequency.

I have answered all questions on the client intake form to the best of my knowledge. I have no further questions about the Beautytek session. I consent to having my sessions.

First Name _____

LastName _____

Signature _____ Date _____