

The Acupuncture and Rejuvenation Center

Cary, N.C.

CONSENT FORM

1. I, _____, hereby give my consent for a series of face/body rejuvenation massage treatments to be administered by Fran Ammons, Licensed Acupuncturist.
2. I understand that face/body rejuvenation massage uses micro-current radio waves along with a high frequency energy light emitting technique used for lymphatic drainage of various toxins trapped in the various layers of skin in the face and body. NO SIDE EFFECTS HAVE OCCURRED WITH THIS FACE/BODY REJUVENATION MASSAGE PROCEDURE.
3. I do not have or wear any mechanical devices, ie, pacemakers, spinal stimulators, or any other devices that could be effected or malfunction during the treatments due to the use of the use of the massage equipment devices.
4. I AM ALLERGIC to the following facial/body products, ie, creams, lotions, or any other foods/products:
5. I AM NOT allergic to any facial/body products, ie, creams, lotions, or other facial or body products.
6. I have removed MY CONTACT LENSES & JEWELRY. ___yes (please check)
7. I understand and accept that no guarantee has been made by The Acupuncture and Skin Rejuvenation Center or its employees, independent contractors, or skin therapy cosmetologists or specialists, concerning the outcome of face/body rejuvenation massage treatments.

DATE _____

Patient Signature _____

Address _____

Telephone # _____