



Consent for Electrocoagulation (Radio Frequency Diathermy)

PLEASE FILL OUT CLEARLY AND COMPLETELY

For Skin Tag Removal

Informed Consent and Waiver of Liability: I hereby authorize and direct *Faiza Tahir of Somatic Massage Therapy & Spa* to perform the procedure of electrocoagulation of the following areas discussed.

Please read and fill out this Disclosure and Release form completely, making certain that all information is correct.

General Information

Full Name: _____

Date of Birth ____/____/____

Address: _____ Apt: _____

Cell Phone: (____) _____

City: _____ State: _____ Zip: _____

Opt-in your cell phone to receive **Appointment Reminders**

Email: _____

Gender (*circle one*): Male OR Female

Emergency Contact Name: _____

How'd you hear about us?

Relationship: _____

(So, we can give credit)

Phone: (____) _____

Name: _____

Please Read & Initial:

____ I understand that the procedure is purely elective. understand that the skin treated may be red and swollen with fine, thin scabs forming.

____ I understand I have to keep the treated areas covered with Neosporin until the thin scabs fall off. This process should 1 to 3 weeks but can take as long as 1 to 3 months in some rare cases.

____ I understand I must not scratch the scabs, as this can cause scarring and prolong the healing time.

____ I understand that I may need multiple treatments for the desired outcome.

____ I understand the full healing process and recovery of skin color can take from 4 month to 1 year in some cases.

____ I understand that this treatment is not recommended for diabetics or for people with high blood pressure. I certify I am not diabetic, nor do I have high blood pressure.

____ I certify am not taking Accutane and did not take Accutane for at least 6 months prior to having treatment.

____ I certify I do not have a pacemaker.

____ I certify I am not pregnant, nor am I breastfeeding.



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____ I certify that I have no history of shingles or cold sores (herpes virus infections). If yes, I shall see my physician for preventative treatment before receiving Electrocoagulation treatment.

____ I certify that my treatment spot (skin tag, pigmented spot, millia, telangiectasia and it was explained all aspects of treatment, complications, post care and understand etc.) had been evaluated by a physician or dermatologist and it is benign, and I accept all responsibility for the decision to have cosmetic removal done.

____ I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Somatic Massage Therapy & Spa from any and all claims, action and demands arising out of use of said photographs.

____ I give permission to use my photographs on the www.somaticmassgepc.com website. No photographs revealing my identity will be used. Only the area worked on to reveal before and after comparisons from this treatment.

Post Treatment Care:

Until the thin scabs fall off:

- Keep scab as clean and dry as possible, use Neosporin if there is a redness around treated areas, do not try to remove scab, it will come off naturally.
- Do not apply heavy makeup for at least 24 hours as it will disturb the treatment sites.
- No tanning for one week AFTER treatment; no sauna, swimming pool or hot tub for 2 weeks.
- Wear sunscreen of at least SPF 25 before and after treatment to protect your skin.
- After the scab falls off you can use Vitamin A&D ointment to help skin to recover faster.
- Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyperpigmentation and hypopigmentation.
- **Patient may need to return to the spa in 10-14 days, for a follow up visit so that we may observe the treatment site.**

Acknowledgment:

I shall not hold Somatic Massage Therapy & Spa, its employees, or owners liable, nor shall place responsibility on Somatic Massage Therapy & Spa should Electrocoagulation treatment cause me any unexpected problems. I am aware that I am accepting this treatment at my own risk and that Somatic Massage Therapy & Spa shall be released of all responsibilities and liabilities should Electrocoagulation treatment cause any adverse effect.

Client Signature: _____ Today's Date: _____

Esthetician Initials: _____



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Electrocoagulation, also known as Radio Frequency Diathermy, is a procedure where a fine wire probe is used to transmit radio waves to tissues near the probe. Molecules within the tissue are caused to vibrate, which leads to a rapid increase in temperature, leading to coagulation of proteins, vessels, and broken capillaries within the tissue. This process results in disappearance of unwanted skin growths and telangiectasias. The current causes cauterization by cutting off blood supply, effectively killing and destroying the abnormal growth without damaging the surrounding tissues.

Although rare, the following may occur with treatment:

1. DISCOMFORT: Some discomfort may be experienced during treatment.

2. WOUND HEALING: Treatment can result in swelling, blistering, crusting, or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.

3. BRUISING/SWELLING/INFECTION: Bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.

4. PIGMENT CHANGES (Skin Color): During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.

5. SCARRING: Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post treatment instructions carefully.

6. BLEEDING: Pinpoint bleeding is rare but can occur following RF treatment procedures. Should bleeding occur, additional treatment might be necessary.

7. SKIN PATOLOGY: Energy directed at skin lesions may potentially vaporize the lesion. Only clearly benign pigmented lesions can be treated. Check with your dermatologist for clearance for the treatment if the lesion has changed in color, size, extremely elevated or is painful to the touch.

8. ALLERGY REACTION: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported.

You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.