



www.novamedspa.com

21785 Filigree Court, Suite 100 Ashburn, Virginia 20147 703.554.1130 fax: 703.554.1133

## InvisiLift Treatment Consent Form

Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as; recent mole or cancer removal, recent facial surgery, tendency to have cold sores / fever blisters, use of Retin-A, Accutane, Retinoid products, facial treatments or prescriptions that may affect the outcome of this procedure.

\_\_\_\_\_ I have disclosed any maxillofacial surgery, leaving permanent metal fixtures in my facial area including extensive dental surgery or fillings.

\_\_\_\_\_ I understand that there may be a mild heat sensation, which increases over dental work or bony prominences.

\_\_\_\_\_ I understand that there are no guarantees as to the results of this treatment due to many variables, such as; age, skin condition, sun damage, smoking, consistency of visits, etc.

\_\_\_\_\_ I understand that this treatment is a cosmetic treatment and that no medical claims are expressed or implied.

\_\_\_\_\_ I understand that in order to achieve maximum results, I may need several treatments.

\_\_\_\_\_ I understand that although complications (i.e. redness, skin irritations, headaches, toothaches, ect.) are very rare, something does occur and prompt treatment is necessary. In the event of any complications, I will immediately contact *The Medical Spa at Nova* and the certified aesthetician who performed the treatment.

\_\_\_\_\_ I agree that I will follow the recommended treatment plan and instructions as directed by the certified aesthetician.

I give my permission for *The Medical Spa at Nova* to use my photographs for promotional purposes.  Yes  No

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Medical Spa at Nova  
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