



Ultrasound Cavitation Post-op

INTAKE/WAIVER FORM

Print Name: _____

IMPORTANT: If Any Of The Conditions Below Are Marked, Ultrasound Cavitation Is NOT A Safe Service For You And You Are Not Eligible For This Service. Please Mark Any Of The Following That Apply. Please Check Any Medical Condition Listed Below That You Apply To You, If The Condition Does Not Apply To You Please Indicate N/A (Not Applicable).

Condition	Yes/NA	Condition	Yes/NA
Rosacea		Numb Or Insensitive To Heat	
Pregnant		High Blood Pressure (Uncontrolled)	
HIV/AIDS		Liver Damage, Diseases Or Problems	
Breastfeeding		Kidney Damage, Diseases	
Cancer (All Forms)		Problems Haemorrhagic Disease	
Immunodeficiency		Trauma Or Bleeding	
Diabetes (Uncontrolled)		Undergoing Chemotherapy Or Immune Therapy	
Heart Problems Or Diseases		Active Implanted Device Such As Pacemaker Or Defibrillator	
Prednisone And Other Steroid Medications (Treatment Will Increase Inflammation)			

I Affirm That I Have Stated All My Known Medical Conditions And Answered All Questions Honestly. I Agree To Keep Pure Skinz Aesthetics Updated As To Any Changes In My Medical Profile And Understand That There Shall Be No Liability On The Pure Skinz Aesthetics Part Should I Fail To Do So. Please Understand This Is For Your Safety And Well-Being. Your Health Is Important To Us.

Signature: _____ Date: _____