



Radio Frequency Post-op

INTAKE/WAIVER FORM

Print Name: _____

IMPORTANT: If Any Of The Conditions Below Are Marked, Radio Frequency Post-op 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/NO
Metal Coil Fitted (Tummy Area Treatments Only, New Plastic Coil Is Fine)		Thyroid Disease	
During Menstruation (Applies Only To Treatment Of The Abdomen)		Hormonal Disorders	
Treatment With Anti-Inflammatories Anticoagulants, Antibiotics		Allergy To Applied Materials (Eg Ceramic)	
Severe High Blood Pressure		Deep Vein Thrombosis	
Wounds, Sores		Varicose Veins	
Circulation Problems		Inflammation Of The Veins	
Hemorrhagic Disease		Phlebitis Intrauterine Device Avoid Abdomen	
Trauma		Intrauterine Device Avoid Abdomen	
Vascular Rupture		Autoimmune Diseases	

HIV Or AIDS		Heart Diseases Or Pacemakers	
Skin Infections And Diseases		Chronic Diseases Liver Or Kidney Disease	
Currently Pregnant		Infectious Diseases	
Acute Fever		Under 18	
Epilepsy		Cancer	

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: _____