



**CLIENTS RELEASE & RESPONSIBILITIES FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

You must be 18 years of age to have an Electro Collagen Induction Therapy (ECIT) procedure performed. If you are under this age, you must have a parent or legal guardian sign the form with you, giving consent for the treatments to be performed.

You have the right to make the final decision to go through the procedure, after becoming aware of and understanding the risks and hazards involved. This is standard of a consent form and must be stated to gain your consent to undergo the Electro Collagen Induction Therapy procedure(s).

Please initial that you have read each paragraph.

\_\_\_\_ You have the right to be informed about your treatment and decision as to whether to have treatment. Photos may be taken and are the property of Divine Beauty™ LLC, and it's owner/agents

\_\_\_\_ Treatments help stimulate the skin to generate new skin cells, collagen & elastin, allowing the skin to become beautified, smoother, and refined. Immediate results should not be expected, as it takes days to weeks for the skin to develop new tissue within the dermis. The skin of the face is living and responds to treatment, however, each individual responds differently. A series of treatments will bring the most improvement.

\_\_\_\_ It is understood by my signature below that I hold harmless Divine Beauty™ LLC, it's trained technician(s) performing the treatment, from any skin condition that I currently have or that may develop in the future regardless of the treatments(s) performed on my behalf.

\_\_\_\_ Any change in my health, occurrence of pregnancy, medical condition, or prescription medications will be reported to my ECIT professional for consideration of skin treatments.

\_\_\_\_ We should remember that facial perfection is not a reasonable expectation nor even possible. There are no guaranteed results

Please Read and initial each of the below statement:

\_\_\_\_ I am not pregnant.

\_\_\_\_ I have no allergies to anything that I am aware of.

\_\_\_\_ I understand that I must verbally inform my technician of any concerns, use of medication (including aspirin or other pain medications) or medical conditions I have before receiving ECIT procedures even though it is noted on the Medical History Form I have filled out.

\_\_\_\_ I understand that if I do have a medical condition, or any allergies that would contraindicate the ECIT procedure, the technician can make a decision to ensure my safety and refuse doing any ECIT procedures on my behalf.

\_\_\_\_ I am not under the influence of alcohol, drug or any other substances.

\_\_\_\_ I have no known allergies.



\_\_\_ I release Divine Beauty and its subsidiaries and representatives of all claims for injury; seen or unseen that may occur as a result of this procedure.

\_\_\_ I understand that no promise has been made to me as to the final result of the procedure I have consented to undergo.

\_\_\_ There are possible risks involved, and these have been explained to me prior to having the treatment and I understand them.

\_\_\_ I understand that there may be some discomfort during the procedure

\_\_\_ I understand that there may be some discomfort during the healing process

\_\_\_ I understand there is a possibility of swelling, bleeding and allergic reactions to the anesthetics, or the topical cosmetic products used during or after the procedure.

\_\_\_ I have been given the opportunity to address all of my questions and concerns about the risks, hazards, and aftercare for the procedure(s) that will be performed with my consent.

Although noticeable results may be obtained with a single face or body ECIT treatment; the greatest improvement in skin beautification will be seen after a series of four to six consecutive procedures. -The ECIT treatment can safely be performed 4 to 6 weeks apart until the desired result is achieved, depending on your individual needs, and goals.

\_\_\_ I understand that there are no guarantees.

**CLIENTS RESPONSIBILITY & ACKNOWLEDMENT**

**You cannot have the ECIT needling procedure** - if you have a history of or are:

- |                        |   |
|------------------------|---|
| ___ poor wound healing | ___ active herpes simplex breakout              |
| ___ blood problems     | ___ acute infection or inflammation of the skin |
| ___ collagen disease   | ___ pregnant or lactating                       |
| ___ open cuts          | ___ prone to Keloid scarring                    |
| ___ wounds to the skin | ___ diabetic                                    |
| ___ sun burned skin    |   |

Aspirin, Nurofen, Vitamin E and all blood thinning drugs all cause increased bruising. For this reason it is advised that you abstain from taking them prior to treatment. Optimally two weeks prior to treatment, however 3 days prior is acceptable. If within the two weeks, you may experience more bruising and transient swelling in the treatment area, causing a longer time for skin recovery. If you take blood thinners for a medical condition and cannot stop taking them prior to treatment, you may experience the above mentioned conditions more severely. The skin will recover, however, you must expect longer for the recovery.

**Cold sores or Herpes Simplex:** If prone to cold sores, you will need to take an anti-viral drug such as Zovirax, Famvir, Valtrex or another prescribed by your Physician. Take the medication as prescribed for 1 week prior and one week after the lip, or full face ETIC procedure.

**After procedure** you may notice redness, swelling and irritation. You may feel like you have a mild sunburn.

As a Client you are responsible to inform your technician of any possible concerns. Please call your therapist with any concerns after the treatment, that you may have as well. Be sure to read and initial each of the following statements.

\_\_\_ I acknowledge that **I have been given a copy of this Consent Form** prior to the Electro Collagen Induction Therapy (ECIT) procedure(s) performed. I have also been given the chance to attain reasonable understanding of this Consent Form, including the chance to ask questions either verbal, manually, or in writing prior to the signing of this agreement.

\_\_\_ I completely understand the terms, questions, and conditions of the Disclosure and Consent Form, and my questions and concerns have been explained to me.

\_\_\_ I confirm that this Disclosure and Consent Forms were filled out completed by me and that all information provided by me is true and completed to the best of my knowledge.





## ELECTRO COLLAGE INDUCTION THERAPY (ECIT) AFTERCARE INSTRUCTIONS

After the procedure you may notice redness, swelling and irritation. You may feel like you have a mild sunburn. On rare occasions there may be a few places with pinpoint bleeding; you should apply an anti-bacterial ointment to these areas and keep clean.

Do not touch the procedure area. Thee skin is may be more prone to infection in the treated area. It is important to keep it as clean as possible. Do not use ANY cosmetics, or skin care products not approved by DivineBeauty™ on the procedure area for up to two days post treatment. as Makeup may contain bacteria and may encourage bacterial. Do not swim, use a steam sauna, or have any other facial therapy performed until you are completely healed.

### Post Treatment Instructions:

Do not wash face before going to sleep.

Apply DivineBeauty™ A&C Serum for pm use. The following day you may cleanse the treated area with DivineBeauty™ Aloe Clean Cleanser and reapply the DivineBeauty™ A&C Serum.

Do not apply any other products to the treatment area for 36 hours post treatment.

Sun screen of an SPF 30, and makeup may be applied to the treatment area starting on the 2<sup>nd</sup> day post treatment, if the skin is dry and unbroken. It is important to avoid sun and tanning bed exposure for at least two weeks post treatment. For lasting results, avoid sun exposure and tanning beds as part of your healthy skin regime.

Be sure to contact your technician with any questions or concerns you may have regarding these after care guidelines.

A COPY OF THESE INSTRUCTIONS HAS BEEN GIVEN TO THE CLIENT

\_\_\_\_\_  
Patient / Clients Signature

Date: \_\_\_\_\_  
Month, day, year

\_\_\_\_\_  
Legal Guardian's Signature  
(If under 18 years of age)  
Relationship to patient/client \_\_\_\_\_

Date: \_\_\_\_\_  
Month, day, year

\_\_\_\_\_  
Technicians Signature

Date: \_\_\_\_\_  
Month, Day, Year