

Juvasonic[®] Treatment Consent Form

PROVIDER INFORMATION

Name: _____

Address: _____

Phone: _____

PURPOSE

I understand that the Juvasonic[®] device is a needle-free, non-invasive, handheld, ultrasound-based technology designed to enhance the topical absorption of professional serums and biologics (e.g., peptides, exosomes, growth factors, PRP, PDRN), The device is used with a serum to support aesthetic skin or scalp rejuvenation.

PROCEDURE

I consent to receiving a treatment using: Juvasonic + _____ .

EXPECTED RESULTS

I understand that results vary depending on my individual skin/hair condition, and that while many patients experience improvement, no guarantees have been made regarding the results of procedure.

RISKS & SIDE EFFECTS

I understand that while this procedure is considered safe, potential side effects may include temporary _____ at the treatment site.

ACKNOWLEDGMENT

- I have had the opportunity to ask questions regarding the procedure.
- I understand the nature and purpose of this treatment.
- I am not pregnant or breastfeeding (if applicable).
- I release the provider and clinic from any liability related to this procedure.

CONSENT

By signing below, I confirm that I acknowledge that I have read and understood the information above and voluntarily consent to the Juvasonic +

Patient Name: _____

Signature: _____

Date: _____

Contact Us

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- www.juvasonic.com

juvasonic[®]

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