



Beauty, laser & wellness center
Monica Bonakdar, MD

Tri-Active Consent Form

_____ I understand that the Tri-Active LaserDermology system is used for the reduction of cellulite, facial treatments, therapeutic massage, pre and post-liposuction procedures, and microcirculation. I understand that in rare cases swelling, bruising, discomfort, changes on sensation and possible scarring can occur.

_____ I understand that 10-15 treatments are required for the Tri- Active LaserDermology procedure to be most effective. I understand that it is important to follow the recommended maintenance schedule for future treatments to keep the best possible results. I also realize that each individual's treatment response may be different; therefore the number of treatments may vary to achieve desired results or may have little or no results at all.

_____ I understand and agree that the practice may choose to take photos of my treatment area for the purpose of monitoring my progress.

_____ I understand that I can not be treated if pregnant and to the best knowledge I am not pregnant.

_____ I understand that there is 48 hour notice cancellation policy. I understand that \$ 50.00 will be charged if I fail to show or do not cancel at least 48 hours prior to my scheduled appointment.

_____ I have read and understand this consent form and agree to its terms and authorize treatment. I further understand that Beauty, Laser and Wellness Center cannot guarantee results and I will not hold Dr. Bonakdar or her employees responsible for my individual results of the Tri-Active LaserDermology treatments that I have requested.

Patient Name _____ Patient Signature: _____

Date: _____