

Lotus Center of Oriental Medicine

907 Irwin Street San Rafael CA 94901

www.lotuscenteroriental.com

415.459.2245

INFORMED CONSENT INFORMATION FOR MICROCURRENT FACIAL REJUVENATION TREATMENTS

This is an informed consent document that has been prepared to inform you concerning Microcurrent Facial Rejuvenation treatments. It is important that you read this information carefully, initial each page indicating you have read the page and sign the consent form for treatment.

Microcurrent is very minute electrical stimulation used in pain control. It was originally used in medicine and sports therapy to promote healing after surgery or injury and to ease muscle spasms. Its beneficial uses in medicine have led to benefits in aesthetics.

Microcurrent Facial Rejuvenation is the application of microcurrent stimulation to the face and neck over fine lines, muscle origins and insertions and selected acupuncture points to improve skin texture, muscle tone and enhance overall health and vitality.

Needles are not used in the facial rejuvenation technique.

**Microcurrent Facial Rejuvenation is not a surgical procedure.
It is not a "face-lift" and is not a substitute or alternative for any cosmetic procedure.**

Benefits of Microcurrent Facial Rejuvenation may include:

- ❖ Improved skin texture
- ❖ Improved muscle tone
- ❖ Promotion of improved cellular metabolism
- ❖ Reduced puffiness around the eyes
- ❖ Stimulation of skin's natural collagen and elastin production

Contra-indications:

- Cancer or thru Benign Tumor
- Epilepsy
- Pacemaker/serious heart conditions
- Pregnancy
- Serious Rosacea
- Wound Infection

Reactions are rare but may include nausea, dizziness, weakness and possible skin reactions such as redness or other irritation for very sensitive skin. Please advise us of any skin conditions.

Flashing of the optic nerve may be experienced as well as a metallic taste in the mouth. There may be a slight tingling sensation during treatment. It is advised that patients drink water before and after treatment.

Financial Responsibility:

Microcurrent Facial Rejuvenation is not covered by an insurance plan.

Initial _____ **Date** _____

Disclaimer: There is no guarantee or warranty, either expressed or implied on the results that may be obtained from treatments. There may be additional information and risks based on the facts in your health history.

Initial _____ **Date** _____

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Consent for Microcurrent Treatment:

I authorize Stephanie A. Lum R.C.P., L.Ac., O.M.D. to perform Microcurrent Facial Rejuvenation treatments.

I understand that there may be side effects from microcurrent treatments.

I understand and acknowledge that there are no guarantees regarding results.

I have been advised that there is no research on the effect of microcurrent and amalgam fillings.

I consent to treatment. I have received and read information regarding the techniques and the technique has been explained to my satisfaction.

Signed:

Name (please print) _____

Signed _____

Date _____