

Pre Treatment Check List

To be completed by the operator (Tick to confirm points have been discussed)

- | | | |
|---|---|--|
| <input type="checkbox"/> How treatment works | <input type="checkbox"/> Pre/Post treatment care | <input type="checkbox"/> Typical number of treatments / interval |
| <input type="checkbox"/> Likely clinical outcome | <input type="checkbox"/> Sensation during treatment | <input type="checkbox"/> Possible side effects |
| <input type="checkbox"/> Cost per treatment _____ | <input type="checkbox"/> Photograph taken | <input type="checkbox"/> Further Questions? |

Comments _____

What are your goals/expectations for the treatment? _____

Where did you hear about the clinic? Recommendation/Advert/Leaflet/Press/Other _____

Informed Consent for Treatment

Please read this consent form and tick each box to indicate you understand and accept the information contained herein.

- The information I have given is correct to the best of my knowledge, and I have not withheld any known medical state or condition. I will inform the operator before treatment if there has been any change (for example in medications taken).
- I understand that the results from this treatment vary considerably and a small percentage of people may not respond satisfactorily to treatment.
- I understand multiple treatments are necessary to achieve optimal results.
- I understand that there is no guarantee of permanent results and maintenance treatments are often required.
- I understand that there may be short-term side effects such as bruising, reddening, swelling and rarely mild burning or blistering. To date there have been no reports of any permanent scarring or discoloration but this cannot be ruled out completely.
- I understand that any pre-paid treatment package is non-transferable and non-refundable and valid for _____
- I certify that I have read and understood all the information and my questions have been answered satisfactorily before signing this consent form. I consent to the terms of this agreement.

Client Name _____

Client signature _____

Operators Signature _____

Date _____

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