



WORLD AESTHETIX

## INFORMED CONSENT FORM

### nuFIRM Treatment System

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Provider Name: \_\_\_\_\_

### 1. INTRODUCTION

You are considering or have elected to undergo treatment with the nuFIRM system, a non-invasive procedure used for body contouring, skin tightening, and cellulite reduction. The treatment uses advanced technologies such as bi-polar and multi-polar radiofrequency energy, negative pressure, and red/blue LED to enhance the tone and appearance of targeted areas of the body.

This consent form is intended to inform you of the nature of the procedure, the expected benefits, possible risks, and alternative treatments. Please read this form carefully and feel free to ask any questions before signing.

### 2. TREATMENT OVERVIEW

- The nuFIRM system is designed to:
  - Improve skin laxity
  - Enhance body contour and silhouette
  - Reduce the appearance of cellulite
- The treatment is non-surgical and typically involves a series of sessions for optimal results.

### 3. EXPECTED RESULTS

- Results vary from patient to patient.
- A series of sessions (usually 8) is recommended.
- Full results may take several weeks to appear and can last several months with proper maintenance.
- This is not a weight-loss procedure.

#### 4. POSSIBLE RISKS AND SIDE EFFECTS

Although rare, the following side effects may occur:

- Mild redness, swelling, or bruising in the treated area
- Temporary skin sensitivity or tingling
- Burns or blistering (very rare with proper use)

Notify your provider if you have any medical conditions or implanted devices such as pacemakers.

#### 5. CONTRAINDICATIONS

You should not receive nuFIRM treatment if you:

- Are pregnant or breastfeeding
- Have an implanted electronic device (e.g., pacemaker)
- Have active cancer or are undergoing chemotherapy
- Have open wounds, infections, or skin conditions in the treatment area
- Have a history of seizures or epilepsy (consult your doctor)

#### 6. PATIENT RESPONSIBILITIES

- I agree to follow all pre- and post-treatment instructions.
- I will notify the provider of any changes to my health or medications.
- I understand that multiple sessions may be required for best results.
- I acknowledge that results are not guaranteed.

#### 7. ACKNOWLEDGMENT AND CONSENT

I certify that:

- I have read and understood the information above.
- I have had the opportunity to ask questions, and all of my questions have been answered.
- I understand the risks and benefits involved.
- I consent to receive treatment with the nuFIRM system.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_