



General Consent

Dr. Marco Lopez Dr. Roberta Krueger

Name: _____ Date: _____

In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this consent form and ask any questions necessary to help you fully understand it. Please sign at the bottom only after careful review and consideration.

Disclosure of Medical History- I agree that I will disclose a full and accurate personal medical history, including any and all information regarding medical conditions and my use of medications, drugs, herbs, vitamins or other supplements of any kind. I understand that failure to do so may affect my treatment outcome and increase the likelihood or severity of complications.

Confidentiality- I understand that no information regarding services performed shall be released without my express consent except as follows. I understand that, in addition to authorized Sculpt Away personnel, Sculpt Away's physicians shall have full access to my treatment records. I understand that appropriate medical review may be conducted to further the safety and efficacy of my practitioner's services. I understand that photographs may be taken to document treatment results, but they will not be released or used otherwise without my specific written consent.

Skin Care Products- I understand that most of the skin care products offered by Sculpt Away are professional strength and formulated to aggressively treat problem skin. I agree that I will use any skin care products obtained from Sculpt Away in accordance with the instructions and directions provided to me by the Sculpt Away staff and only after becoming acquainted with the product and its recommended use. I realize that I may experience varying degrees of discomfort, redness, burning, peeling, itching, dryness or other symptoms, especially in the early stages of use. These symptoms should lessen and eventually subside as my skin tolerance develops. Some of these products can cause photo sensitivity. SPF is recommended. We cannot accept returns, and do not offer refunds or exchanges for products.

Use of Photography Consent- I understand that taking photographs of my condition(s) before, during and after treatments is an important component of my care. I give my consent to Sculpt Away and Dr. Lopez and Dr. Krueger to photograph my condition on any & all dates of my care. I understand that I may revoke my consent in writing at any time. I understand that photographs may be used for documentation purposes and marketing purposes. I understand that all efforts will be used to protect my privacy. I may opt out of this activity by requesting so in writing below.

Continued Consent- I understand that Sculpt Away's services generally consist of a series of treatment to achieve maximum benefit, and this consent shall apply to all services rendered to me by Sculpt Away, including ongoing or intermittent treatments. Results cannot be guaranteed and can vary from person to person.

Cancellation Policy- I agree to confirm my appointment with Sculpt Away two (2) days prior to my appointment. If for any reason I am unable to make my appointment at Sculpt Away, I agree to contact Sculpt Away no later than 3PM the day prior to my appointment. I further understand that if I do not comply with this policy, I will owe a \$35 missed appointment fee and I agree to this policy. I understand that if I arrive more than 15 minutes late for my appointment I may be required to reschedule in order to avoid disrupting the appointments of other patients.

I have read, understand and agree to the terms of the General Consent.

Patient: _____ Treatment Specialist: _____