

# PLEXR Shower Treatment Consent



## **Treatment Description:**

I, the undersigned, hereby consent to undergo the Plexr Shower non-invasive face rejuvenation treatment. I have received a detailed explanation of the procedure, including its benefits, potential risks, and possible side effects. I understand that the treatment involves the use of Plexr technology, which utilizes plasma energy to rejuvenate facial tissues.

## **Purpose of the Treatment:**

Plexr Shower is designed for facial rejuvenation, including skin tightening, wrinkle reduction, and improvement in skin texture. The treatment aims to enhance the overall appearance of the face.

## **Potential Risks and Side Effects:**

I acknowledge that, like any medical or cosmetic procedure, Plexr Shower may involve certain risks and side effects. These may include but are not limited to:

- **Redness and swelling at the treatment site.**
- **Temporary discomfort or pain during and after the procedure.**
- **Skin irritation, itching, or sensitivity.**
- **Changes in pigmentation.**
- **Rare instances of scarring or infection.**

## **Contraindications:**

I have disclosed to the practitioner any medical conditions, allergies, medications, or previous treatments that may affect my eligibility for Plexr Shower. I understand that certain medical conditions or medications may be contraindications for this treatment.

## **Informed Consent:**

I have had the opportunity to ask questions and discuss any concerns I may have about the Plexr Shower treatment. I understand the nature of the procedure and its potential risks. I agree to follow all pre and post-treatment care instructions provided by the practitioner.

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**Financial Responsibility:**

I understand that the Plexr Shower treatment involves a fee, and I agree to fulfill my financial obligations as outlined in the treatment agreement.

**Release of Liability:**

I release the practitioner, the clinic, and any associated staff from any liability for injuries, damages, or dissatisfaction resulting from the Plexr Shower treatment, except in the case of negligence.

**Consent:**

I have read and understood the information provided in this consent form. I voluntarily consent to undergo the Plexr Shower non-invasive face rejuvenation treatment.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date