



Face and Body Contouring Treatment Consent, Waiver, and Acknowledgment

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Patient and Treatment Information

Patient legal name:	Date of birth:	Phone:
Email:	Proposed treatment date:	Clinical record identifier, if assigned:
Treatment areas: ☐ Face ☐ Chin / jawline ☐ Neck ☐ Arms ☐ Abdomen ☐ Flanks ☐ Back ☐ Thighs ☐ Buttocks ☐ Other: _____		
Treatment modality: ☐ Body contouring ☐ Face contouring ☐ Skin tightening ☐ Cellulite appearance ☐ Lymphatic / sculpting ☐ Nonsurgical fat reduction ☐ Radiofrequency ☐ Ultrasound / cavitation ☐ Vacuum-assisted ☐ Electrical muscle stimulation ☐ Other: _____		

1. Purpose of Treatment

You voluntarily request only the face or body treatment identified in your completed clinical plan. Possible goals include cosmetic appearance, sculpting, skin tightening, toning, temporary circumference change, cellulite appearance, facial contour, or appropriately defined lymphatic support. PHO will identify which goal and modality actually apply; this list does not claim that every device achieves every effect. Body contouring, radiofrequency, ultrasound or cavitation, vacuum-assisted treatment, electrical muscle stimulation, laser, hands-on procedures, and injections have different risks and legal requirements.

Your treatment is elective and is not a substitute for surgery, medical weight management, weight-loss medication, nutrition care, exercise within medical limits, primary or specialty care, or treatment of a disease. PHO will identify the responsible professional, proposed areas and sides, device or product, intended process, course, and material use outside labeling before you decide. This consent does not authorize a new device or drug merely because it falls within a broad aesthetic category.

Government Requirements and PHO Commitments

Florida's Medical Consent Law, section 766.103, and the patient-rights requirements in section 381.026 govern applicable informed decisions and patient rights. Florida professional licensing laws and Department of Health and professional-board rules govern who can evaluate, prescribe, administer, or supervise your care. AHCA administers applicable clinic requirements under chapter 400, part X, chapter 408, part II, and implementing rules. Their application depends on the clinic's legal status and services. PHO will comply with applicable requirements, maintain required professional and facility authorization, and provide services within lawful scope and supervision. Agency oversight is not an endorsement or guarantee of your treatment result.

HIPAA and section 456.057 protect applicable health information and medical records. PHO will safeguard your information, document your care and decisions, and honor applicable access, confidential-communication, and complaint rights. Your signature is not a release of negligent care, a waiver of privacy rights, or permission for public marketing. Clinical photographs and special testing or sensitive-record disclosures will be addressed separately when required. PHO will apply any more protective law governing your record or service.

FDA device and drug requirements, actual manufacturer instructions, and any applicable procedure, massage, facility, scope, and supervision rules govern the specific service. PHO will verify the required authority and apply the device-specific screening and safety measures. A general contouring waiver is not permission to disregard a contraindication or required

specific consent. If your procedure is Emerald laser, an injection, or another modality with a separate form, that form supplements this document as applicable.

2. No Guarantee of Results

Results depend on age, skin quality, hydration within medical limits, body composition, weight changes, genetics, hormones, health history, nutrition, activity, treatment area, number of sessions, adherence, and other individual factors. More than one session can be recommended; some patients have little or no visible change. PHO will not guarantee inch loss, fat loss, weight loss, tightening, facial contour, cellulite improvement, symmetry, body shape, or duration of benefit. Future weight or health changes can alter appearance. Paying for a package does not guarantee candidacy or an outcome.

3. Possible Risks, Side Effects, and Discomforts

Risks depend on the actual modality and area. They can include redness, warmth, swelling, tenderness, soreness, bruising, tingling, itching, numbness, altered sensitivity, temporary firmness, muscle soreness, skin irritation or dryness, blistering, burns, pigment changes, contour irregularity or unevenness, lightheadedness, nausea, headache, and temporary worsening of appearance or symptoms. Thermal methods, suction, pressure, stimulation, topical products, and tissue manipulation have different profiles; these effects are not all expected from nonthermal low-level laser treatment. Changes in urination or bowel habits, if they occur, will not be assumed to prove fat loss or detoxification; persistent or concerning changes require assessment.

Less common or serious harms include prolonged pain or swelling, significant burns or skin damage, scarring, infection, nerve injury or altered sensation, allergic reactions to materials, aggravation of an underlying condition, asymmetry, an unsatisfactory result, or the need for additional medical care. A device used near the eyes or over an implant requires its specific precautions. PHO will describe the material risks of your chosen procedure in the completed clinical disclosure, including any serious risk beyond this general list. Do not assume these procedures are risk-free or that every listed risk has the same likelihood.

4. Contraindications and Conditions You Will Need to Disclose

Before treatment and each subsequent session, you will need to truthfully disclose your conditions, medications, supplements, surgeries, implants, allergies, pregnancy or breastfeeding, and recent changes. Complete the health-disclosure checklist and explanation fields below. Pregnancy or pregnancy plans, electrical or metal implants, active cancer, clots or circulation disease, poor wound healing, impaired sensation, infection, recent procedures, hernia, bleeding risk, and other listed concerns require review against the actual procedure and device. The checklist is not an automatic declaration that every item excludes every treatment.

Incomplete or inaccurate disclosure can increase injury and complication risk. PHO will review your actual device-specific contraindications and clinical status. If an unresolved concern makes treatment unsafe, PHO will delay, modify, stop, or decline it and explain the alternative or referral. Do not request treatment over an undisclosed implant, open wound, recent injection, or region not included in the consent.

Your Health Disclosure Checklist

Check every applicable condition, explain details, and report any changes before treatment. PHO will assess the actual procedure-specific implications.

☐ Pregnant, trying to become pregnant, or breastfeeding	☐ Pacemaker, defibrillator, or other electrical / medical implant
☐ Metal hardware or implanted mesh near the treatment area	☐ Active cancer or cancer treatment
☐ Blood clots, deep vein thrombosis, pulmonary embolism, stroke, or clotting disorder	☐ Heart disease, uncontrolled blood pressure, or circulation problems
☐ Diabetes, poor wound healing, or neuropathy	☐ Kidney, liver, or lymphatic disease

☐ Infection, wound, rash, burn, sunburn, or skin disease at the site	☐ Recent surgery, injection, filler, Botox, cosmetic procedure, or trauma
☐ Hernia or suspected hernia at the site	☐ Severe varicose veins or local vascular disease
☐ Seizure or neurological condition	☐ Autoimmune disease or immune suppression
☐ Bleeding disorder or blood thinner use	☐ Allergy to gel, cream, adhesive, latex, or device material
☐ Numbness or reduced sensation at the site	☐ Keloids, abnormal scars, or poor healing
☐ Other condition affecting safety: _____	☐ No listed condition reported ☐ ; clarification / changes: _____
Conditions, medications, allergies, surgeries, implants, timing and other concerns:	

5. Patient Responsibilities Before and After Treatment

You will need to follow the written preparation and aftercare for your actual procedure. PHO will specify any hydration limits, product avoidance, sun or heat restriction, alcohol restriction, activity limits, follow-up, or other requirement and its duration. These instructions vary by modality; a general list is not a direction to restrict everything or stop prescribed medications. If another treating professional's instruction conflicts, obtain clarification before changing your care. Do not operate or adjust equipment, remove required eye protection, change a medication dose, or add an unreviewed procedure yourself.

Tell PHO promptly about unusual pain, marked swelling, blisters or burns, persistent skin change, signs of infection, numbness, weakness, or another concern before a further session. Severe or rapidly worsening symptoms need urgent assessment. Chest pain, serious breathing difficulty, fainting, severe allergy, or stroke symptoms require 911 or emergency care. Do not wait for a portal, email, voicemail, text, or community-message response. PHO does not provide emergency or after-hours emergency clinical services.

6. Photographs and Documentation

PHO will explain any clinical photographs, measurements, scans, or three-dimensional images proposed for assessment, treatment planning, monitoring, or your chart. Your selection below records your clinical-image choice; the phrase declined unless required does not automatically give consent. If you decline an image essential to safely document or perform the proposed elective treatment, PHO will explain why it is needed and available alternatives before deciding whether that particular service can proceed. A required legal basis or separate consent will be obtained, and applicable records will be protected under HIPAA and Florida law.

Public website, advertising, social media, testimonials, and identifiable before-and-after use require the applicable separate optional authorization. This consent and your clinical-image choice do not grant marketing permission. Declining optional public use does not prevent otherwise appropriate care. PHO will record the actual image decision rather than treating an unanswered checkbox as agreement.

Your clinical-image decision (choose one):

☐ You consent to the explained clinical images for your protected record. ☐ You decline; PHO will discuss clinical necessity and alternatives before proceeding. This choice is not public-marketing authorization.

7. Alternatives to Treatment

Your professional will explain reasonable alternatives for your goal, including no elective treatment, observation, lifestyle or nutrition changes, exercise within health limits, medical weight management, appropriate prescription care, dermatology or plastic-surgery consultation, another aesthetic modality, physical therapy, or appropriately indicated massage or lymphatic services. Each has different evidence, risks, costs, and recovery. PHO does not claim the selected procedure is the only or best option for every patient. You have the right to seek another opinion and decline.

8. Financial Responsibility, Refund, and Final-Sale Acknowledgment

PHO's own services are cash-pay. You will need to pay the disclosed consultation fee immediately after your consultation. If you choose a treatment package, the full disclosed price is due at purchase unless PHO approves a written installment agreement requiring at least 50 percent down and specifying the remaining amounts and due dates. A recurring plan requires separate, completed payment authorization; this clinical signature does not authorize recurring billing. PHO will provide applicable Good Faith Estimates and itemized charge information. Outside laboratories, pharmacies, or other providers will have their own billing terms; insurance use for outside services does not mean PHO accepts insurance. You will need to verify coverage and expected outside costs before authorizing those services; coverage is not guaranteed.

PHO does not maintain standing inventory of unassigned patient medications or treatment products for anticipated resale. Relevant evaluation, laboratory review when required, treatment selection, consent, and payment precede your patient-specific order. Your order or invoice will identify the purchase, price, fulfillment terms, and the point at which an authorized order becomes noncancelable. Not every medication is compounded.

PHO's final-sale and no-refund policy is a clinic business policy, not a government rule requiring every healthcare purchase to be nonrefundable. PHO will not voluntarily accept medication or healthcare-product returns or refund an authorized purchase after its disclosed patient-specific order commitment. PHO will not voluntarily refund consultation, assessment, procedure, or treatment services already partially or fully provided. Individual preparation, pharmacy or supplier costs, professional time, shipping, refrigeration, sterility, storage, contamination, tampering, and product integrity can make the incurred costs nonrecoverable. A change of mind, discontinued treatment, missed follow-up, or an undesired result alone does not create a voluntary refund for those authorized costs.

PHO will evaluate prepayments for unprovided services, unused package portions, unavailable products, or canceled future care under the actual written agreement and applicable law; they are not automatically forfeited. PHO will correct established billing errors, unauthorized or duplicate charges, and legally required refunds. Section 456.0625 and section 408.12, where applicable, require qualifying patient overpayments to be refunded within 30 days after determination. Good Faith Estimate remedies and other non-waivable rights remain protected. Report a billing or fulfillment concern promptly; contacting PHO does not eliminate an external dispute right or extend a legal deadline.

You will need to cancel at least 24 hours before your scheduled appointment start. PHO will charge \$25 for cancellation less than 24 hours before that time, including a rescheduling request that cancels the original appointment within that period. If you arrive or connect more than 10 minutes late, PHO will classify the appointment as a no-call/no-show and charge \$20; calling ahead does not extend the arrival limit. Failing to attend without canceling also carries the \$20 no-call/no-show fee. Cancel by calling 561-778-8121 or using the scheduling method specifically identified in your confirmation. Give your name and appointment date and time and retain the message or confirmation. PHO will document receipt and will not impose a patient cancellation or no-show fee for a PHO cancellation or PHO system failure. These scheduling fees do not mean an unperformed treatment was provided. Appointment cancellation does not cancel a separate recurring plan or committed product order.

PHO does not represent that every medication or wellness product is compounded. Any membership, installment arrangement, or recurring subscription will have its own completed terms. Your clinical signature does not authorize unspecified charges or forfeit a legally protected remedy. Initialing the financial acknowledgment below confirms the terms disclosed, not a guaranteed result or a release of negligent care.

Patient initials acknowledging financial terms: _____ Date: _____

9. Voluntary Consent

You have the right to ask questions, seek another opinion, decline the proposed treatment, and withdraw consent to future treatment. Tell PHO immediately if you do not want to proceed or do not understand an instruction. Withdrawing consent does not undo care already provided or lawful charges already incurred. If necessary testing, monitoring, or consent is not completed, your professional will explain whether care must be delayed, modified, or stopped and will address appropriate follow-up and continuity of care. PHO will retain the specific completed form, signing date, recorded decisions, and verified representative authority in the appropriate record. You can request a copy. Sign only after the patient-specific information is completed and your questions have been addressed; do not sign a blank authorization.

PHO will identify the proposed procedure, expected benefit and limitations, material risks, alternatives, costs, and aftercare before you sign. If you want to stop during treatment, tell staff immediately; PHO will stop or take the steps needed to discontinue safely. PHO will also stop or defer when continuing is unsafe or outside lawful scope. Your consent is for the specified treatment only, not every future procedure.

10. Patient Acknowledgment and Signature

By signing after completion of your treatment plan and required disclosures, you confirm that your health information is accurate to the best of your knowledge, you have had the opportunity to ask questions, and you voluntarily agree to the identified treatment. You acknowledge its material risks and alternatives, no guaranteed outcome, the stated duties and restrictions, and financial terms with retained legal remedies. You will need to report relevant health changes and follow the individualized instructions. The word waiver in the title does not release PHO from negligent care, professional standards, confidentiality duties, or rights that cannot lawfully be waived. PHO will retain your specific signed version and any representative authority and provide a copy on request.

Your Specific Treatment / Instruction Record

PHO will complete these patient-specific details with you, or identify the attached completed clinical plan, before you sign. Unused fields will be identified as not applicable with the appropriate explanation. A blank field is not consent to an unspecified treatment.

Specific procedure / clinical indication:	Treatment area(s), side and planned date:
Device make / model / modality or medication, ingredients, dose and route:	Intended course, interval, duration and treatment plan reference:
Device / product labeling status and material use outside labeling, if relevant:	Specific contraindications reviewed; additional checklist or consent reference:
Material procedure-specific risks and alternatives discussed:	Preparation, aftercare and follow-up instructions supplied:
Cost / order or itemized plan reference:	Questions, responses and clinician completing discussion:

Your signature authorizes only the completed, identified care described in this form.

Patient / authorized representative signature:	Date: _____ Time: _____
Printed name:	Representative relationship and verified authority, if applicable:
Clinician completing treatment discussion / instructions:	Clinician signature and date:

PHO will record the specific form version and signing details. For electronic signing, PHO will retain the identity, date and time, document, recorded decision and applicable representative authority. You can request a copy.

PHO Staff / Provider Use Only

PHO's responsible professional will document the actual treatment area, device or product, clinical order, contraindication review, specific consent or addendum, instructions, image choice, procedure response, adverse events and action taken, discharge condition, and follow-up. Staff will sign only their actual work within lawful duties. This record does not replace a manufacturer-specific checklist, required medical clearance, procedure-specific consent, or complete clinical note. No unchecked item or unsigned field establishes that an assessment or instruction occurred.

PHO Treatment and Safety Documentation

Actual treatment areas / side:	Actual device or drug / order reference:
Contraindication checklist reviewed and findings (Yes / No; explain):	Specific consent / addendum / manufacturer checklist reference:
Instructions supplied / version / review (Yes / No; explain):	Clinical images: taken / declined / not indicated; basis:
Actual response, symptoms and actions / clinical note reference:	Actual discharge condition and follow-up:
Operator / professional name and credentials:	Signature / date / time and supervision where required: