PATIENT-READY
TREATMENT-SPECIFIC FORM

General Injection, Aesthetic, Body-Contouring, and Physical Treatment Consent

Treatment-specific general consent - use when a more specific procedure form does not apply

Patient Name (Elation auto-populated or print):		**Date of Birth:**	
Preferred Phone:		**Date of Form:**	

Purpose and Scope

This form is treatment-specific. It applies only if the patient is being evaluated for, prescribed, receiving, purchasing, or continuing the service, product, medication, procedure, device-based treatment, or care category described in this form. This form does not replace the New Patient Registration Form, General Consent for Evaluation and Treatment, HIPAA Notice of Privacy Practices, Telehealth Consent, Cash-Pay Financial Responsibility Agreement, Good Faith Estimate/Self-Pay Notice, Patient Portal Agreement, or any other PHO policy acknowledged by the patient.

This consent applies to elective or treatment-specific injections, aesthetic services, body-contouring services, physical treatments, device-based treatments, and wellness procedures when a more specific PHO consent form is not used. It does not authorize procedures outside provider scope or beyond the treatment discussed with the patient.

Procedure Description

The provider or trained PHO staff member will explain the service, treatment area, expected process, number of sessions if applicable, alternatives, expected aftercare, cost, and whether additional consent is needed. The patient must ask questions before treatment if anything is unclear.

General Risks

Risks vary by service but may include pain, discomfort, bruising, bleeding, swelling, redness, infection, allergic reaction, burns, skin injury, pigmentation change, scarring, nerve irritation, numbness, asymmetry, lack of desired result, worsening symptoms, delayed healing, need for additional treatment, and unknown or unexpected effects. For injections, additional risks may include injection-site reaction, medication reaction, tissue injury, vascular injury, fainting, and rare serious complications.

Patient Disclosure and Contraindications

The patient must disclose pregnancy/breastfeeding status, allergies, medications/supplements, blood thinners, implanted devices, pacemaker, immune suppression, cancer history, diabetes, bleeding disorders, infections, skin disorders, prior reactions, and any condition relevant to the treatment. PHO may refuse or postpone treatment for safety reasons.

No Guarantee and No Refunds

No aesthetic, body-contouring, symptom, wellness, or functional outcome is guaranteed. Once a physical treatment, injection, device-based service, or aesthetic procedure is performed, it cannot be taken back or undone. Except where required by law or expressly approved in writing, fees are final and non-refundable once treatment is reserved, prepared, started, or provided, and once patient-specific products are ordered, dispensed, opened, or used.

Patient Acknowledgments

[ ] I understand the procedure/service has been explained to me and I have had the opportunity to ask questions.

[ ] I understand risks may include complications, lack of desired result, and unknown effects.

[ ] I have disclosed relevant medical history, medications, allergies, and pregnancy/breastfeeding status.

[ ] I understand PHO may refuse or postpone treatment for safety reasons.

[ ] I understand physical/aesthetic/injection treatments are generally final and non-refundable once provided or prepared.

Patient Signature:		**Date:**	