



EMSELLA & EMSCULPT NEO HIFEM+RF WELLNESS TECHNOLOGY

• **I am aware that I MUST NOT wear or use any metallic accessories during the treatment.** (such as a cell phone, jewelry, watches, or clothing with metallic threads or accessories. As they can be damaged by the technology.) Initials: _____

• **I also confirm that I DO NOT have any metallic or electronic implants** (such as pacemakers, defibrillators, metallic IUDs, etc.) Initials: _____

• **Please answer whether you currently have or had any of the following in the past*:**

- ☐ YES ☐ NO ▪ Electronic implants (such as cardiac pacemakers, defibrillators & neurostimulators)
- ☐ YES ☐ NO ▪ Metal implants
- ☐ YES ☐ NO ▪ Drug pumps
- ☐ YES ☐ NO ▪ Malignant tumor
- ☐ YES ☐ NO ▪ Pulmonary insufficiency & heart disorders
- ☐ YES ☐ NO ▪ Muscles in acute phase of injury
- ☐ YES ☐ NO ▪ Cardiovascular diseases
- ☐ YES ☐ NO ▪ Disturbance of temperature or pain perception
- ☐ YES ☐ NO ▪ Hemorrhagic conditions
- ☐ YES ☐ NO ▪ Septic conditions and empyema
- ☐ YES ☐ NO ▪ Acute inflammations
- ☐ YES ☐ NO ▪ Systemic or local infection such as osteomyelitis & tuberculosis
- ☐ YES ☐ NO ▪ Any skin disease, contagious or other sensitivities
- ☐ YES ☐ NO ▪ Elevated body temperature
- ☐ YES ☐ NO ▪ Pregnancy, postpartum and nursing period
- ☐ YES ☐ NO ▪ Anticoagulation therapy
- ☐ YES ☐ NO ▪ Currently taking prescription, herbal or over the counter medications. (Please list below)

☐ YES ☐ NO ▪ Allergies to any medications, food or other substances (Please list below)

☐ YES ☐ NO ▪ Any Surgeries (please list below)

I realize that I am NOT receiving a diagnosis, treatment or prognosis for any medical or other condition that I may be experiencing. I acknowledge that I am receiving a demonstration only, and agree to hold harmless the facility, the owners, employees and any subsidiaries from any damage resulting from this demonstration.

Client Name: _____

Signature: _____ Date: _____