



TREATMENT ELIGIBILITY SCREENING

Please answer every question by checking either YES or NO. If you answer YES to any question, please discuss it with your provider before receiving treatment. Additional physician's medical clearance or treatment modifications may be required.

- ☐ YES ☐ NO • Do you have any metal implants in or near the treatment area?
- ☐ YES ☐ NO • Are you pregnant, trying to become pregnant, or breastfeeding?
- ☐ YES ☐ NO • Do you have a pacemaker or other implanted electronic medical device?
- ☐ YES ☐ NO • Do you have high blood pressure, heart disease, or insulin-dependent diabetes?
- ☐ YES ☐ NO • Do you have cancer, a history of melanoma, suspicious skin lesions, raised moles, or a history of keloid scarring?
- ☐ YES ☐ NO • Do you have lupus, scleroderma, vitiligo, leukemia, hemophilia, or another immune system disorder?
- ☐ YES ☐ NO • Do you have light-sensitive epilepsy or another condition that causes sensitivity to light?
- ☐ YES ☐ NO • Do you currently have a fever, illness, active infection, skin inflammation, open wound, hives, cold sores, or another active skin condition in the treatment area?
- ☐ YES ☐ NO • Do you have severe varicose veins, a vascular disorder, or a bleeding disorder?
- ☐ YES ☐ NO • Have you taken Accutane® (isotretinoin), tetracycline antibiotics, St. John's Wort, or another medication known to increase light sensitivity within the past 12 months?
- ☐ YES ☐ NO • Do you have tattoos or permanent makeup in the treatment area?
- ☐ YES ☐ NO • Is there any other medical condition, injury, medication, or concern you believe your provider should know about before treatment.

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: _____

Package pricing reflects a discounted full-protocol (12 session) commitment. Individual session pricing differs & will be greater than package pricing. Unused sessions have no cash value and are not refundable except as required by law. Supplements provided as part of the Laser Lipolysis / invisIA-RED package are non-returnable and non-refundable.