Venus Legacy Treatment Consent Form

Venus Legacy is a non-surgical, Radio Frequency, Pulsed Electromagnetic and Varipulse device designed to improve many cosmetic and health concerns.

Potential benefits of the Venus legacy

The treatment has many potential benefits that are subjected to, but not limited to, the following:

- Tighten the skin and reduce loose or sagging skin
- Smooth cellulite and skin bumps
- Reduce circumference
- Soften fine lines and wrinkles
- Aid in the improvement of skin texture and appearance
- Muscle relaxation by increasing blood flow to targeted areas

Risks associated with the Venus legacy

Most cosmetic procedures involve a degree of risk. Although uncommon, it is important that you understand and accept the potential risks involved with the Venus Legacy. In addition to the risks sited below, other complications can occur but are less common. Should complications occur, additional procedures or treatments may be necessary. Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained

- Blisters – in rare cases a blister may occur as a result of the treatment
- Hyper or Hypo – pigmentation – in very rare cases a patient may experience changes in their skin color which may or may not be permanent.
- Swelling – edema, swelling of the skin, is common and will resolve in a few days. Edema may occur as early as immediately post treatment and as late as a few days post treatment.

Information for Women

Female patients must not be pregnant nor wishing to become pregnant for the duration of the treatment program. A reliable form of birth control is required such as BCP, Diaphram, condom, IUD, and abstinence as the effects of a pregnancy patient or fetus undergoing a Venus legacy procedure are unknown.

The information above has been explained to me by the physician and/or assistants of Valeriya Life in a way that I understand:

1. The above treatment or procedure to be undertaken
2. There may be alternative procedures or methods of treatment
3. There are risks to the procedure/treatment proposed
4. The signature of the witness indicates the observation of my signature to consent to treat
5. Any questions I had have been answered to my satisfaction

I consent to the procedure and/or treatment and the items listed above:

Print Name Here | Patient Signature

Date | Witness

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