

NCTF BOOST® CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

IT IS IMPORTANT THAT YOU READ THE MATERIAL PROVIDED AND UNDERSTAND THE EXPECTED OUTCOMES AND POSSIBLE RISKS OF THE TREATMENT. PLEASE ENSURE THAT YOU ASK ANY QUESTIONS YOU MIGHT HAVE. THIS CONSENT FORM MUST BE SIGNED FOR TREATMENT TO PROCEED.



Name: _____ DOB: _____ Date: _____

I HAVE BEEN INFORMED THAT:

- The micro-needling/multi-injection bio-revitalization treatment is designed to improve skin quality but not perfect it. I understand that results differ from person to person and personal maintenance between sessions is important. It is delivered by a series of superficial injections and multipuncture.

I can confirm I do not suffer with any of the contra-indications associated with NCTF® (topical + injectable):

- **cold sores, granulomas, active infections (skin), allergy to hyaluronic acid, pregnancy, breastfeeding mothers, blood thinning medication, epilepsy, papustalur rosacea, open lesions, solar keratosis, haemophilia, autoimmune diseases.**

PATIENT'S DECLARATION

I have read and understood all the information provided and I have had the opportunity to ask any questions concerning the nature of the treatment, its expected results, and its possible risks and complications. It has been explained to me that the results of these treatments can vary from patient to patient. I am aware that the following risks/complications can occur: **mild to moderate discomfort or pain, slight redness or swelling, inflammation, bleeding, bruising/swelling/risk of infection.** In the event of an adverse reaction, medical help should be sought immediately.

Patient's signature: _____

Patient's Name: _____ Date: _____

Witness: _____

I cannot dispute what I have read, agreed to and signed above . If I do then I agree to pay all costs incurred by ACM if I breach this agreement. I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy. I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records. (please initial) _____