

CryoClear Form

CryoClear is a new way of treating your skin to remove skin tags, age spots and sun spots. Before beginning any treatments with CryoClear, it is important for you to be informed about the treatment including the potential benefits and risks. This will allow you to make an informed decision to consent or withhold any treatment program.

It's suggested that you take time to read the information below along with any accompanying literature about CryoClear as you make your decision on whether or not to begin or not to begin a treatment.

I _____ have requested treatment at The Day Spa using CryoClear on sun spots, age spots/or skin tags. I understand that the practice of aesthetic medicine is not a precise and there is no guarantee of expected results. I also understand that several treatments may be necessary to complete the treatment.

I have been advised on the risks associated with treatment using CryoClear along with the potential benefits and alternative treatments including no treatment at all.

Full Name _____ Date today _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Home Phone _____ Work Phone _____

Health History:

Have you previously received Cryo-treatment? Yes No

If yes, when and where on body? _____

Do you have any skin reactions? Yes No

If yes, please list: _____