



Consent Form

Date:

Patient's Name:

Date of Birth:

You are scheduled for a series of non-invasive treatments using the Optilight PermaTESLA Seat device, which is designed to provide electromagnetic stimulation to improve muscle tone. After discussing your treatment needs, the PermaTESLA Seat specialist has recommended six sessions. Each session typically lasts around 30 minutes, with a two-day break between them. The entire treatment series should be completed within two to three weeks to achieve the best results. Depending on the severity of your condition, additional sessions may be necessary, and you can expect continued improvement in the following weeks.

The treatment is generally painless and does not require any anaesthesia. You may experience a gradually increasing tingling sensation and muscle contractions in the treated area, which are normal and expected.

On the day of your treatment, please wear comfortable clothing that allows for easy movement and proper positioning during the session. Note that it is not recommended to use electronic devices during the treatment, as the powerful magnetic field generated by the PermaTESLA Seat machine could damage them. Use your mobile phone at your own risk.

Please confirm that you can still answer "No" to the following conditions or statements:

Pregnancy, cardiac pacemakers, implanted defibrillators, implanted neurostimulators, electronic implants, pulmonary insufficiency, metal implants, drug pumps, hemorrhagic conditions, anticoagulation therapy, heart disorders, malignant tumors, fever, allergies to any medications, food, or other substances, taking prescription, herbal, or over-the-counter medication, any surgeries, and any skin diseases or sensitivities.

I confirm that I have answered "No" to all of the above.

*** Signature**

- I am aware that pregnancy is a contraindication, that pregnant women cannot undergo this treatment.
- I understand that undergoing the treatment while menstruating may increase menstrual flow and dysmenorrhea.
- I acknowledge that there are certain risks associated with PermaTESLA Seat treatments, including but not limited to: muscular pain, temporary muscle spasms, temporary joint or tendon pain, and local erythema or skin redness. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely accept these risks.
- I am willing to complete forms and/or anonymous questionnaires if requested, as this will aid in the medical evaluation of treatment results. Information may be used for medical records or marketing purposes.
- I understand that results may vary from person to person, and exact outcomes cannot be predicted. While unlikely, it is possible that no noticeable results may be experienced after the procedure. I acknowledge that the results may not meet my expectations.
- I certify that I have read this entire document and agree with all its provisions. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I fully understand the treatment conditions, the procedure, and potential side effects.
- I have read the above information, and I request and consent to be treated with the PermaTESLA Seat procedure by the physician(s) at the practice listed below and their designated staff.

My signature below confirms that the above information is accurate and up to date.

*** Patients Signature**

Date:

Specify any relevant information:

Practitioners Name:

Practitioners Signature:

Date: