RF + Microneedling Informed Consent

(Aesthetics)

Date: August 26, 2026

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

Treatment Information

I understand that I will be receiving RF (Radiofrequency) + Microneedling treatment, which combines microneedling with radiofrequency energy to stimulate collagen production and improve skin texture, tone, and firmness.

Consent Statements

Please initial each statement:

1. I understand the nature of RF + Microneedling treatment. I

2. I understand the potential risks and benefits. I

3. I have been informed of alternative treatments. I

4. I understand that results are not guaranteed. I

5. I will follow all post-treatment instructions. I

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C.

Form Complete

Signature Certificate

RF Microneedling Informed Consent

Unique Document ID: cde95f5d7013c8e917658e44ec29fcdf5ad34a9c

LEGALLY SIGNED USING WPesignature
Build. Track. Sign Contracts.

AE

ENNU Patient Docs

Party ID: 99cf213d-eb99-4009-90a9-c0126770f20b

Awaiting signature

AV

Ava Peters

Party ID: 1ff37cfd-4118-4aed-8fb8-569baeee74f8

Awaiting signature

LE

Luis Escobar

Party ID: 635e739d-8c7a-4179-b032-76b23dfd6f89

Awaiting signature

SA

Sara Stetson

Party ID: 02a26a13-5321-4d67-9196-49576e54a375

Awaiting signature

Timestamp	Audit
December 13, 2025 1:56 pm EDT	RF Microneedling Informed Consent Uploaded by ENNU Patient Docs - ennu-appointments@ennu.co IP 139.68.242.135

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