



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Evolve Tone, Tite & Transform / Evoke Chin & Cheek Informed Consent

Client Name: _____

About These Treatments

I duly authorize Beautox Bar LLC and/or Beautox Bar WBL LLC to perform Evolve and/or Evoke treatment(s). I understand that the device(s) being used are intended to improve the appearance of the skin and/or body contour in the treated area(s), and that I am consenting to receive one or more of the following, as selected above and discussed with the clinic team:

- Evolve Transform — radiofrequency (RF) based body treatment designed to address fat and tissue appearance in treated areas
- Evolve Tite — RF based treatment designed to support skin tightening / improvement in skin appearance
- Evolve Tone — electrical muscle stimulation (EMS) treatment designed to induce muscle contractions in treated areas
- Evoke Cheek and/or Evoke Chin — RF based facial treatments designed to improve the appearance of the cheeks and/or chin / submental area

Treatment with these systems typically involves a series of sessions. Session number, frequency, and the fee structure have been explained to me. Clinical results vary depending on individual factors, including but not limited to medical history, skin type, body composition, patient compliance with pre- and post-treatment instructions, and individual response to treatment. No guarantee can be given as to the final result obtained.

Possible Side Effects and Risks

I understand there is a possibility of short-term effects such as reddening, warmth or mild burning sensation, temporary bruising, swelling, tenderness, temporary muscle soreness (especially with Tone), and temporary discoloration of the skin. Rare side effects may include blistering, burns, scarring, and permanent discoloration. These effects have been fully explained to me.

Contraindications and Conditions I Must Disclose

Before treatment, I will tell the clinic team if I have any of the following, which may be contraindications or require delaying or modifying treatment:



- Pregnancy, planning pregnancy, or nursing / breastfeeding
- Use of Accutane® (isotretinoin) or a similar prescription within the last 6 months, or plans to take Accutane® during the treatment series
- Pacemaker, defibrillator, implanted electronic device, or metal implant in or near the treatment area
- Active skin infection, open wounds, rash, or inflammatory skin condition in the treatment area
- History of keloid scarring, poor wound healing, or connective tissue / autoimmune disease affecting the skin
- Active cancer or recent cancer treatment (unless cleared by my physician)
- Uncontrolled diabetes, significant cardiovascular disease, or other serious medical condition
- Nerve or muscle disorders that could be affected by electrical muscle stimulation (for Tone)
- Recent surgery, injectables, lasers, or other procedures in the treatment area (timing to be cleared by the provider)
- Allergy or sensitivity to heat-based / RF treatments or to products used on the skin during treatment

If any of these medical conditions change during my treatment series, I agree to notify Beutox Bar immediately before my next session.

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about Evolve / Evoke treatment(s), alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgments

I certify and acknowledge that:

- I have been fully informed of the nature and purpose of the procedure, expected outcomes, and possible complications, and I understand that no guarantee can be given as to the final result obtained.
- I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.
- I have informed Beutox Bar LLC and/or Beutox Bar WBL LLC staff of any current or past medical condition, disease, or medication I take.



- I consent to the taking of photographs and authorize their anonymous use for medical audit, education, and promotion.
- I have been given the opportunity to ask questions and have read and fully understand the contents of this consent form.
- I am not pregnant or nursing, and I will not be pregnant or nursing at any time during my treatment series.
- I have not taken Accutane® or a similar prescription within the last 6 months, and I will not take Accutane® while being treated.
- If any of the medical conditions listed on this form change, I will notify Beautox Bar immediately.
- Treatment involves a series of sessions, and the fee structure has been fully explained to me.

Consent

By signing below, I acknowledge that I have read this informed consent (or had it read to me), understand the information about Evolve Tone, Tite, and Transform and/or Evoke Chin and Cheek treatment(s), and agree to treatment with its associated risks. I hereby give consent to Beautox Bar LLC and/or Beautox Bar WBL LLC, and to the authorized providers and clinic team members performing the treatment, to perform this and all subsequent sessions in the agreed treatment series under this consent. I understand I may ask questions at any time and may withdraw consent for future sessions. I hereby release the ordering/supervising provider, the person performing the treatment, and the facility from liability associated with this procedure to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake). Evolve® and Evoke® are trademarks of their respective owners and are used here for product identification only.