

# Consent Form for PRX Procedure

## Patient Authorization and Informed Consent

### Introduction

This consent form provides key information about the PRX procedure, including its purpose, benefits, risks, and alternatives. Please read carefully and ask any questions before signing.

### Procedure Description

PRX is a non-invasive treatment to enhance skin appearance. A specialized solution is applied to stimulate skin regeneration. It addresses aging, pigmentation, and texture issues.

### Benefits

Improved skin tone and texture  
Reduced fine lines and wrinkles  
Less pigmentation and age spots  
Minimal downtime

### Risks

Redness, swelling, or irritation  
Allergic reaction

### Signatures

|                            |       |
|----------------------------|-------|
| <b>Patient Name:</b>       | _____ |
| <b>Date of Birth:</b>      | _____ |
| <b>Signature:</b>          | _____ |
| <b>Date:</b>               | _____ |
| <b>Provider Signature:</b> | _____ |
| <b>Date:</b>               | _____ |

Contact your provider if you have questions before signing.

Uneven results or need for more treatments

### Alternatives

Other options include topical creams, chemical peels, laser therapy, or no treatment. Discuss these with your provider.

### Patient Responsibilities

Inform your provider of allergies, medical conditions, or medications

Follow instructions

Report any concerns

### Consent

#### By signing, you confirm:

You've read and understood the PRX procedure information

Your questions are answered

You consent to the treatment, knowing risks and benefits