

# Aesthetics

## Client Informed Consent Form

1. I voluntarily request that \_\_\_\_\_ (*Insert Business name*) (and such associates, technical assistants and other skincare professional she or he may deem necessary) to perform \_\_\_\_\_ (*Insert Service here*). I acknowledge having been informed that this cosmetic procedure is intended to \_\_\_\_\_ (*Insert benefit here*).
2. I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such other or different conditions I will be referred to appropriate medical care provider
3. I also realize that the following risks and hazards may occur in connection with the particular procedure; worsening or unsatisfactory appearance, redness, swelling, scarring, or recurrence of the original condition.
4. If this procedure creates light sensitivity, I understand I must use sunscreen of SPF 25 or greater at all times through out the course of treatment.
5. I acknowledge my obligation to follow the written and/or spoken instructions covering my pre and post treatment skincare regimen.
6. I understand that multiple treatments may be required for some services. If so, the cost of these was disclosed prior to the first treatment.

I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_