INFORMED CLIENT CONSENT FORM

NAME	DATE of BIRTH		
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		
	be taken to ensure your safety and well-be aware of the following information and po ase initial:		
I hereby consent to a treatment/procedure:	and authorize the technician/estheticiar	n to perform the following	ng
	undergo this treatment/procedure afte en explained to me, along with the risk		
Although it is imposs possible benefits, risks, and	ible to list every potential risk and com complications.	plication, I have been in	nformed of
requested in the Client Con- regarding my health history,	imperative to my health and safety the sultation/Health History form. I have cit allergies, and medications, suppleme ast reactions to products or medication	ted all conditions and c nts, or prescriptions be	ircumstances
I understand that no possibility I may require add cost.	specific guarantees of the results can ditional treatments/procedures to obtain	or have been made and the expected results a	d that there is the it an additional
understand the importance questions or concerns regar	erstand all pre-treatment, post-treatment of following all instructions given to me ding my treatment or post-treatment or diately. I understand that if I choose to	 In the event that I hav are, I will consult the 	e additional
I consent to "before-a advertising, and promotiona	and-after" photographs for the purpose I purposes.	of documentation, pote	ential
technician/esthetician to perfor his/her/their staff harmless and my technician/esthetician will to agree that this constitutes full d I have read and fully underst discussion and to have any qu technician/esthetician, whose s	concerns, I will address these with my ted m the above treatment/procedure we have nameless from any liability that may result ake every precaution to minimize or eliminal isclosure, and that it supersedes any previous and the above paragraphs and that I hat estions answered. I understand the proce- ignature appears below, responsible for ar cedure that may be affected by the treatment	e discussed and will hold trom this treatment/proce ate negative reactions as rous verbal or written disclove the been provided sufficient and accept the risks and of my conditions that we	him/her/them and dure. I understand nuch as possible. I pures. I certify that ent opportunity for all do not hold the
Client Name (Printed)			
Client Name (Signature)		Date	
Technician/Esthetician		Date	

