

hereby consent to and authorize procedure:		to perform the following
have voluntarily elected to underg	•	fter the nature and purpose of this
Although it is impossible to list every	y potential risk and complication	n the treatment I will be receiving. on, I have been informed of possible o ask questions regarding these risks
skin condition, and lifestyle, and that areas to obtain the expected results at have read and understood the post-to follow all instructions given to make the post-to-guestions or concerns regarding my consult the esthetician immediately.	there is a possibility I may request an additional cost.  treatment home care instructions for post-treatment care. In the treatment or suggested home	ent results are dependent upon age, aire further treatments of the treated ons. I understand how important it is the event that I may have additional a product/post-treatment care, I will to f my medical history, including all
known allergies or prescription drugs		
orocedure and accept the risks. I agre osses, side effects, or damages that a nold the esthetician, whose signatur	e I will assume the risk and full might occur to me while I am e appears below, responsible	on detailed above. I understand the responsibility for any and all injuries, undergoing this procedure. I do not for any of my conditions that were sich may be affected by the treatment
Printed Name	Signature	 Date
Esthetician Name	Signature	 Date