

Charlie Pfau, Esthetician
Extractions Consent Form

Extraction is a skin procedure and is customized for patient skin type, specific problem areas and the delicate areas. I have done the research regarding this type of method and Charlie Pfau has explained the treatment method to me and I have had ample opportunity to have my questions addressed. I am aware that discomfort may occur and if experienced I will inform the operator right away.

I understand that extractions may have side effects including, but not limited to:

Slight or extreme redness, feeling uncomfortable, swelling, stinging, itchy, tenderness, dry or upset skin. I understand that this is an extraction process that can lead to scarring of my skin and other unwanted side effects. I AGREE THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED RESULTS. Most side effects will gradually diminish over time as healing may take several days or longer. I understand that no specific results are guaranteed. I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact the therapist immediately should this happen.

I have given the most current and honest account of my medical history and doctor prescribed medications and understand that this advice is not intended to replace physician advice. The treatments I receive here are voluntary and I release this skin care professional from liability and assume full responsibility thereof.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE INFORMATION AND THEREBY CONSENT AND AGREE TO THE TREATMENT WITH ITS ASSOCIATED RISK, AND WILL NOT HOLD CHARLIE PFAU OR ANY OF ITS EMPLOYEES LIABLE IF I SUFFER AN ADVERSE REACTION TO THE TREATMENT. I HEREBY CONSENT TO RECEIVE A _____.

Client Signature: _____ Date: _____

Client Printed Name: _____

Esthetician Signature: _____