**APHRODITE OF THE DESERT**

**979 S Main Street Cottonwood Az 86326**

**951-330-1795**

CONSENT TO FOLLOW AFTERCARE

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to follow the aftercare instructions provided to me by Jet Plasma Practitioner at Aphrodite of the Desert.

I understand that if I fail to follow the aftercare instructions provided, I may experience a negative outcome. Further, a minimum of 3 sessions are required for optimal results. I also understand that maximum results are only achieved with 8 sessions and results may vary.

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Sign Date