INFORMED CLIENT CONSENT FORM

NAME	DA	DATE of BIRTH		
ADDRESS	CITY	STATE	ZIP	
PHONE	EMAIL			
	pe taken to ensure your safety and well-bee waware of the following information and po ase initial:			
I hereby consent to a treatment/procedure:	nd authorize the technician/estheticiar	n to perform the followir	ng 	
	undergo this treatment/procedure afte en explained to me, along with the risk			
Although it is impossi possible benefits, risks, and	ble to list every potential risk and com complications.	plication, I have been in	nformed of	
requested in the Client Cons regarding my health history,	imperative to my health and safety the sultation/Health History form. I have cit allergies, and medications, suppleme st reactions to products or medication	ted all conditions and c ents, or prescriptions be	ircumstances	
	specific guarantees of the results can itional treatments/procedures to obtain			
understand the importance of questions or concerns regard	rstand all pre-treatment, post-treatme of following all instructions given to me ding my treatment or post-treatment c diately. I understand that if I choose to	e. In the event that I have are, I will consult the	e additional	
I consent to "before-a advertising, and promotional	nd-after" photographs for the purpose purposes.	e of documentation, pot	ential	
technician/esthetician to perform his/her/their staff harmless and my technician/esthetician will ta agree that this constitutes full di I have read and fully understa discussion and to have any quatechnician/esthetician, whose s	concerns, I will address these with my tem the above treatment/procedure we have nameless from any liability that may resultable every precaution to minimize or eliminal isclosure, and that it supersedes any previous the above paragraphs and that I have estions answered. I understand the procedure that may be affected by the treatment.	ve discussed and will hold It from this treatment/proce ate negative reactions as a lous verbal or written discla ave been provided suffici- addre and accept the risk any of my conditions that we	I him/her/them and dedure. I understand much as possible. osures. I certify that ent opportunity for s. I do not hold the	
Client Name (Printed)				
Client Name (Signature)		Date		
Technician/Esthetician		Date		