

Hyaluronic Pen

CONSENT FORM

NAME: _____ **TIME OF ARRIVAL:** _____

ADDRESS: _____ **ZIP:** _____

CITY: _____ **PHONE:** _____

ALLERGIES? Y/N **PLEASE LIST:** _____

SENSITIVE SKIN? Y/N **COMMENTS:** _____

- By signing this form, I acknowledge and am aware of the working principles of the hyaluronic pen treatment as well as the process and its stages.
- I understand the possible risks associated with the hyaluronic pen treatment.
- I understand that mild sensitivity, bruising, redness, and swelling may occur during and/or immediately after the service.
- I understand and agree that if any of these issues persist, I am to contact the service provider signed below.
- I understand that this treatment is non-permanent and retouching or refilling may be needed in order to achieve the desired results.
- I understand that the results of the hyaluronic pen treatment vary and I am aware of the different outcomes..
- I am aware of and will follow the aftercare as instructed by the service provider.
- I consent to having my before and after photos taken for advertising purposes. I understand that these photos may be posted to social media sites for marketing purposes.

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By signing this form, I am acknowledging and understand the terms of this service as well the information listed above and given by the service provider. This agreement will remain in effect for the duration of the service, and any proceeding hyaluronic pen services in the future conducted with this artist. I consent to this agreement and hyaluronic pen services.

CLIENT PRINTED NAME:

CLIENT SIGNATURE:

ARTIST PRINTED NAME:

ARTIST SIGNATURE:

DATE:
