



Re-Consent Form for Follow Up Visits

1. Has your health history changed since your last visit, regarding medications or recent surgeries?

Yes No

If YES, please explain:

Please list any NEW medications and why they were prescribed:

Initial

2. ____ I am NOT pregnant or nursing.
3. ____ I have NOT taken any blood thinners in the last 24 hours.
4. ____ I have NOT been under the influence of drugs and/or alcohol in the last 24 hours.
5. ____ I have NOT used a tanning bed or have had direct sun exposure in the last 1 week.
6. ____ I have NOT had any vaccinations in the last 2 weeks.
7. ____ I have NOT had Botox or any other fillers in the last 6 weeks.
8. ____ I have NOT used Retinol or AHA skin care products in the last 6 weeks.

____ I release from liability and waive my right to bring a claim against Abby Goodell, Beauty Ink, its representatives, agents, or employees and its subsidiaries (“collectively “Beauty Ink”) for any and

all claims, including claims of Abby Goodell/Beauty Ink alleged negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in the procedure(s).

_____ I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Abby Goodell/Beauty Ink, from all liability, (b) waiving my right to sue Abby Goodell/Beauty Ink, (c) and assuming all risks of participating in the procedure(s).

I have read and understand the risks listed above and they have been explained to me. I certify that the above information is accurate, and my questions have been answered.

Signature: _____

Signature of Practitioner: _____ Date: _____