

BB GLOW INFORMED CONSENT

PREGNANCY & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenis gravis, multiple sclerosis, lambert-eaton syndrome, amyotrophic lateral sclerosis (ALS), and parkinson's. Initial [REDACTED]

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. Initial [REDACTED]

PHOTO CONSENT

I give permission to take before and after photographs of my treatment to be used to monitor my treatment, training purposes, and advertising. Initial [REDACTED]

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial [REDACTED]

BEFORE TREATMENT

If you are concerned if the BB Glow treatment is suitable for you, we do recommend to discuss this with either your dermatologist or medical skincare professional who is experienced in these types of treatments in order to achieve the best possible outcomes and to minimise the risks. For example, certain types of medication, such as those for acne treatment or for blood-thinning, may need to be stopped taking beforehand to reduce the risk of side effects. If you are concerned about an allergic reaction, a test treatment can be done to see how your skin reacts with BB creams application before the procedure. The test is usually done either on the neck or under the hairline. Initial [REDACTED]

AFTER TREATMENT

After you have had your BB Glow treatment it is recommended to follow a few steps in order to assure the most effective outcome and lasting of the treatment.

- No excessive facial cleansing for a minimum of 24 hours
- No skin touching for a minimum of 12 hours
- 5 days with no make-up or skin peel
- 7 days with no swimming
- 14 days with no direct heat including sunbathing, sauna, or sun bed

We do also recommend an application of moisturising and nourishing cream with a high factor SPF .Initial [REDACTED]

I understand this is an elective procedure and I hereby voluntarily consent to the BB Glow treatment The procedure has been fully explained to me. I also understand that any treatment performed is between me and the Service provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily.

I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify my Service Provider professional who treated me immediately.

Client Name (Print): _____

Client Signature: _____ Date: _____

Service Provider Signature: _____ Date: _____