



Above & Beyond DaySpa

Rezenerate Facial Consent Form

Date: _____

Name: _____

This consent is designed to verify that you have been satisfactorily informed and educated in respect to your facial procedure. This disclosure is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent for treatment. Please read and initial where indicated. This consent form will be valid for all Rezenerate Facials through December 31 of the year signed.

1. I acknowledge having been informed that this procedure is intended to allow the targeted products/serums chosen by my professional to reach maximum efficacy. **Initial here** _____
2. I acknowledge having been informed that the intended outcome is typically smoother, firmer, younger looking skin. **Initial here** _____
3. I recognize there are no guaranteed results, and results are dependent upon age, skin condition, and lifestyle. I realize that there is the possibility that I may require further treatment to obtain further results at additional cost. **Initial here** _____
4. I acknowledge that this treatment is not appropriate if I suffer from keloid scars, active inflammatory conditions, history of actinic (solar) keratosis, cold sores/fever blisters, diabetes, presence of raised moles in the treatment area, warts on the targeted area, scleroderma, collagen vascular diseases, blood clotting problems, active bacterial / fungal infection, or immune-suppression. **Initial here** _____
5. I recognize there are no guaranteed results and results are dependent upon age, skin condition, and lifestyle and that there is the possibility that I may require further treatment to obtain further results at additional cost. **Initial here** _____

Client signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Parent/Legal Guardian signature (if client is a minor): _____ **Date:** _____

