

**HOLISTIC SKIN CARE TAMPA**

LOVE YOUR SKIN <3

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE INITIAL:**

\_\_\_\_\_ I agree that the nature and purpose of the treatment has been explained to me and any questions I have regarding the treatment have been explained to my satisfaction.

\_\_\_\_\_ I understand that with any treatment certain risks are involved and that any complications from known or unknown causes could occur.

\_\_\_\_\_ I understand that possible side effects include, but are not limited to: mild to moderate redness, mild to moderate peeling or flaking, stinging, dry skin, tenderness, pimples, cold sores or allergic reactions. Most side effects are temporary and will dissipate within 3-7 days.

\_\_\_\_\_ I do not have active cold sores.

\_\_\_\_\_ I will call to inform my skincare professional of any complications or concerns I may have as soon as they occur.

\_\_\_\_\_ I understand that it is recommended prior to having a facial infusion to *not* have used Retin A for 72 hours, Accutane in 6 months or have waxed 24 hours prior to receiving treatment.

\_\_\_\_\_  
CLIENT SIGNATURE PRINT NAME DATE

**TECHNICIAN NOTES:**

Treatment Receiving Today (check one):

- |                                       |   |                             |
|---------------------------------------|---|-----------------------------|
| <input type="radio"/> Medi-Facial     | <input type="radio"/> Holistic Calming Facial     | <input type="radio"/> Other |
| <input type="radio"/> Facial Infusion | <input type="radio"/> Holistic Stimulating Facial | _____                       |
| <input type="radio"/> Medi-Infusion   | <input type="radio"/> RevitaPen Pro Facial        | _____                       |

Notes:

I have reviewed the treatment and post care instructions to the client stated above and answered any questions.

\_\_\_\_\_  
TECHNICIAN SIGNATURE DATE