

Holistic Skin Care Tampa Consent for service Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial below indicating acceptance and acknowledgement of the below statements

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

\_\_\_\_\_\_\_\_\_\_\_ I agree to keep Holistic Skin Care Tampa apprised of any professional treatments and services that have been done after my initial appointment including but not limited to Botox injections and fillers.

\_\_\_\_\_\_\_\_\_\_ I understand that with all services certain risks are involved and that complications from both known and unknown causes can occur.

\_\_\_\_\_\_\_\_\_\_ I understand that possible side effects could 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 Holistic Skin Care Tampa first if any complications or concerns arise as soon as they are present.

\_\_\_\_\_\_\_\_\_\_ I understand that it is recommended prior to having any infusion service that I DO NOT USE ANY FORM OF VITAMIN A’S including but not limited to Retin A for a minimum of 72 hours prior to services.

\_\_\_\_\_\_\_\_\_\_ I have not used Accutane or a generic version of it for at least 6 months. I will update Holistic Skin Care Tampa if this changes.

\_\_\_\_\_\_\_\_\_ I have not had any facial waxing in the last 24 hours and agree to ensure all future services are not booked with in this window of time.