

Consulting Contract (do not replace the word contract for form)

legalities ensure that contract proves for a better protection for the company and staff member performing treatments.

ADD LOGO

(THIS CAN BE USED FOR MODEL TRAINING PURPOSES, FOR YOUR OWN CLIENTELLE AND ALSO AS A TEMPLATE TO PROVIDE TO YOUR STUDENTS).

Full Name: _____ (OF PERSON HAVING TREATMENT).

Side effects of this treatment include, but are not limited to: Temporary redness at the injection site, bruising, discomfort during injection, possible lumping of the filler. Though unlikely, it is possible for the (hyaluronic acid OR INSERT CORRECT PRODUCT), like any other injected substance to be accidentally placed through a blood vessel. (Although this possibility is remote, it could result in blockage of the blood flow to the area-RELEVANT SPECIFIC TO DERMAL FILLERS OR THICKER LIKE SKIN REMODELLERS). This could result in temporary discoloration and local tissue damage, as well as scab and possible scar.

ANY OTHER GENERAL INFORMATION ABOUT THE TREATMENT OR PRODUCT BEING USED SHOULD BE ADDED IN HERE.

By signing this form, I automatically agree to the following statements.

I confirm that I have read and fully understand the risks and conditions associated with this treatment.

I understand that it is an elective cosmetic procedure.

I fully understand and accept that the goal of this treatment is improvement, not perfection and that there is no guarantee that the anticipated results will be achieved. it may also be necessary that a series of repetitive sessions are required.

I acknowledge that complications, although rare, may sometimes occur with the procedure.

I confirm that my treating practitioner has provided me with sufficient information about the treatment detailed above in order to make an informed decision.

I have been given the opportunity to ask all remaining questions I may have about the treatment, its potential side effects and contraindications (specific factors that make the treatment inadvisable) and they were answered to my full satisfaction.

I assume any risks or complications or injury from known or unknown causes associated with, relating to or otherwise arising out of this procedure.

I have been given the time to consider the treatment detailed and I have provided the relevant medical history information to the best of my knowledge. I take full responsibility if the information I have provided is false.

I confirm that I will inform my practitioner if there any changes to my medical status prior to treatment.

I am of sound mind. I fully understand the treatment I am consenting to.

I am aware of the costs involved and I feel that I am capable of making necessary decisions around budgeting my personal finances. This treatment does not affect my current financial situation and leave me at loss.

I fully understand that there are necessary steps required by myself to follow aftercare instructions.

I hereby give consent to perform this and all subsequent treatments with the above understood.

I hereby release the aesthetics practitioner, the person performing this treatment and the facility location from liability associated with this procedure.

Photographs must be taken for insurance purposes but will only be published with your permission.

They may be presented upon request to the insurance company. I consent to the publication of pictures and/or videos of this treatment.

Your data will only be shared with Rejuv Cosmetology. Your data will never be shared with any other third parties.

Please sign to say you understand the GDPR policy and consent for your information to be held and processed in this way.

Please tick here if you wish to withdraw consent for publication of photos. []

Signed Client _____ Date _____

Signed Practitioner _____ Date _____

(ONLY NEEDED IF BEING USED FOR SIGNATURE OF A MODEL SLOT WITH YOUR STUDENT)

I consent to the use of products and treatments, performed by a student, over seen by the professional on hand, who has a legitimate teaching certificate and accreditation, at the designation training school.

Signed Model Client Date

Signed Practice StudentDate