



## Esthetics Services Consent Form

I \_\_\_\_\_ authorize Smooth Skin Centers estheticians to perform esthetics treatments. I authorize the following esthetics procedures to be treated (check all that apply).

- Facial
- Chemical Peel
- Microdermabrasion
- Microneedling
- Dermplaning
- Waxing
- Other: \_\_\_\_\_

Our esthetics services are no cure for any skin condition. However, for certain conditions these services provide marked improvement in the appearance of the skin. The services are designed to stimulate the skin, to help generate new cells, to produce collagen and to increase the blood flow. It is important that you have an understanding of what these services can do for your particular skin condition. It is imperative that you acknowledge the potential issues with each of these services.

\_\_\_\_\_ I acknowledge that I have not been on Accutane (acne medication) within the past six months.

\_\_\_\_\_ I acknowledge that I have not been using Retin-A or any other Retinoic Acid for the past four weeks.

\_\_\_\_\_ Although chemical peeling can lighten hyper pigmented skin, I acknowledge that there is NO GUARANTEE that dark discoloration of the skin will be reduced or faded. My face may temporarily develop uneven color, especially if I have uneven color before the peel.

\_\_\_\_\_ I acknowledge that during the application or any Masks or Peels, my skin may tingle, sting or feel warm.

\_\_\_\_\_ I acknowledge that immediately after a peel, my face may appear frosted or sunburned. By day two, my skin may darken in color, feel tighter, and be more sensitive. Days two through approximately day seven, my skin may slough. I understand that pulling or picking at my skin can result in infection or scarring, so I won't do this.

\_\_\_\_\_ I am aware that I may experience some breakouts after my service that will normally disappear. Facials and chemical peels extract the pores. Any acne will ultimately improve if I continue on the treatments as directed by the Esthetician.

\_\_\_\_\_ I am aware and acknowledge that there is a possibility for any allergic reactions to the products put on my skin. I have discussed thoroughly with esthetician any such allergies I am aware and understand the care that would be necessary in the event of a reaction.

\_\_\_\_\_ I acknowledge that if I fail to use sunblock after my service, I am at risk for hyperpigmentation due to my skin being more susceptible to the sun and will burn.

\_\_\_\_\_ If I am prone to cold sores around the mouth, I will inform my Esthetician and may need to use anti-viral medication before the service I have scheduled. (Any sort of exfoliation may exacerbate the herpes virus).

\_\_\_\_\_ I have been given the opportunity to ask questions about the procedure(s). My questions have been answered, and I understand the information given to me.

\_\_\_\_\_ I acknowledge that contraindications to the performance of this procedure(s) have been discussed in detail with me, and I understand that my skin's condition may actually temporarily worsen as a result of this treatment.

\_\_\_\_\_ I acknowledge that I have received the after-care instructions provided for by Smooth Skin Centers, Inc. and I understand it is my responsibility to follow these instructions, and that my failure to adhere to these recommendations may result in complications and contraindications for which I am fully responsible, and for which I will not and cannot hold Smooth Skin Centers or its staff responsible.

\_\_\_\_\_ I acknowledge that I understand that any side effects may last 7-14 days or longer and should resolve within several days but may last longer. Discomfort may be treated with products and methods we suggest.

\_\_\_\_\_ I understand that immediately following the laser treatment temporary side effects may occur, including but not limited to: redness, swelling, blistering, burns, itching, discomfort, bruising and discoloration (hyper- and hypo-pigmentation), and that scarring, while rare, is also possible. I agree to notify Smooth Skin Centers if any of these side effects occur.

\_\_\_\_\_ I agree that if I experience alarm or concern regarding my treatment that I need to immediately both notify and be physically seen by Smooth Skin Centers prior to being seen by any other health care provider to get direction and feedback. If I chose to seek advice elsewhere or self-treat any side effects prior to being seen by Smooth Skin Centers or if I chose to not follow the recommendations provided, then I accept 100% responsibility for any effects or contraindication that may or may not occur.

\_\_\_\_\_ I acknowledge that I have read and understood all information presented to me before signing this consent form and hereby release Smooth Skin Centers, Inc., its staff and medical director from all liabilities associated with the above indicated procedures.

I have answered this skin care questionnaire to the best of my ability. My esthetician has answered any and all questions regarding my esthetics services, pre and post care. I certify that I have read and understand ALL of the above unpredictable and unforeseen results that may occur by administration of my services that I will receive.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Esthetician Signature \_\_\_\_\_ Date \_\_\_\_\_