

Facial/Dermaplaning Consent Form

Active Body Wellness

Facial treatments may include clinical-strength products, enzymes, acid peels, dermaplaning, extractions, and other treatment modalities. Most clients receive noticeable, satisfactory to above average results with a series of treatments and commitment to a daily skin care regimen. However, this outcome cannot be guaranteed as results are dependent on a multitude of factoring including but not limited to age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols. I understand that this is an elective treatment, that there is no guarantee of results. Changes and improvements in skin may occur deeper within the skin over time, continued long-term program might be recommended.

There may be some degree of discomfort, stinging, "pin pricking" sensation, hotness/warmth, or tightness. Although complications are rare, they may occur including but not limited to bleeding, infection, redness and more. I understand that sun exposure, especially excessive or tanning can increase the chance of reaction/complication. Sunscreen minimum spf 30 should be used daily for the 2 weeks following treatment. Withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received.

I have revealed any medical conditions that may affect treatment such as pregnancy, cold sores, allergies, recent facial peels, laser, or surgery. Retin-A, hormone replacement therapy, steroid medications, aspirin should be discontinued five days prior to treatment. Accutane must be discontinued 6 months prior to treatment. Have not received a peel treatment in the past 14 days. _____initials

Photographs: Before and after treatment photographs will be taken to monitor progress. By initially below I give Arizona Desert Ear, Nose and Throat Specialist/Active Body Wellness permission to use any recordings or photographs taking during my treatment in any medium for educational, promotional, advertising, or other purposes with support the mission of the practice. I hereby release and waive all claims for compensation and rights regarding such use and/ or publication. _____Initial

By signing below, I acknowledge that I have read and understand the consent form. All treatments including risks and benefits have been reviewed. All my questions have been answered to my satisfaction and I release Active Body Wellness and it's associated of any liability.

Client Name (printed): _____ Date: _____

Client Signature: _____

Witness Name: _____ Witness signature: _____