

CLIENT CONSENT FORM

Name: _____ Date of birth: _____ Cell phone: _____

I hereby consent and authorize, Kayla Vickrey of Skin Care by Kayla Marie, a Licensed Esthetician and a Clear Treatment Certified Technician to perform the following procedure: _____ using the Clear Treatment Machine.

____ I acknowledge that the treatment goal is for esthetic improvement, I also recognize that independent results are dependent on age, skin conditions, lifestyle and post care treatment. I understand that additional treatments may be required to obtain desired results and an additional cost.

____ I consent to the taking of photographs to monitor treatment results.

____ I am not presently pregnant or lactating

____ I have not had any botox in the past 2 weeks, or used retinols, glycolics etc in the past 2 days.

____ I do not have a severe allergy to nickel.

____ I am not on any blood thinners or high doses of aspirin.

____ I have been informed of possible risks and complications which may include but not be limited to infection, hyperpigmentation, scarring, redness, edema and bruising.

____ I understand home care and maintenance are required to achieve optimal results.

____ I do not currently have a history or prior history of pacemaker, viral infections, skin cancer, psoriasis or dermatitis, uncontrolled diabetes, autoimmune disease, vascular disease, cold sores, have been on accutane in the last 6 months or been on antibiotics in the last month.

____ I have been given a copy of post care home instructions.

____ I agree to follow post care home instructions and understand following them is imperative to my treatment success.

____ I understand the potential risks and complications and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives.

Please list any medical diagnosis: _____

Please list any medications: _____

Current medical treatments: _____

On my own free will, I am requesting and providing my informed consent, to undergo clear treatments. I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. I assume all risks are my own. I hereby release them from any liability, both seen and unforeseen, now and forever.

Clients name: _____ Date: _____ Client signature: _____

Estheticians name: _____ Date: _____ Signature: _____