



# Facial Treatment

## CLIENT CONSENT FORM

I hereby consent to and authorize Images Salon & Spa to perform the following procedure: Facial Treatment.

I have voluntarily chosen to undergo this treatment/ procedure after the nature and purpose of this treatment has been explained to me, along with the risk and hazards involved.

While it is not feasible to enumerate every potential risk and complication, I have received information regarding potential advantages, risks, and complications. I also acknowledge that there are no guaranteed outcomes, and individual results depend on factors such as age, skin condition, and lifestyle. It is possible that further treatments may be necessary for the desired results, incurring additional costs.

I have thoroughly read and comprehended the instructions for post-treatment home care. I understand the significance of adhering to all given instructions for post-treatment care. If I have any further inquiries or concerns regarding my treatment or the recommended home products/post-treatment care, I will promptly consult the esthetician.

**I have carefully read and comprehended this agreement along with all the aforementioned information. I have a clear understanding of the procedure and willingly acknowledge the associated risks. I have had all my queries addressed to my complete satisfaction, and I hereby give my consent to the terms stated in this agreement. I understand that any pre-existing conditions that were not disclosed prior to the skin care procedure, which might be influenced by the treatment conducted today, are not the responsibility of the esthetician whose signature is provided below.**

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Client Name (Printed)

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Client (signature)

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Date

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Esthetician Name (Printed)

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Esthetician (signature)

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Date