

Beutilash & more!

Ultrasonic Facial Informed Consent Form

Please initial and sign/date below. This form is designed to help give you the information needed to make an informed decision to undergo treatment(s) with particle free dermabrasion system, or Ultra Sonic Facial (USF).

____ I understand the USF will be used to exfoliate and moisturize the skin on my face.

____ I understand my results may vary from results of other clients. I understand that due to the nature of the treatment, it may be necessary to undergo a series of treatments (a treatment program) to achieve satisfactory results.

____ I understand that to achieve maximum results, I should adhere to the program prescribed. The treatment schedule I have been given is designed to maximize the results. If for any reason the schedule cannot be adhered to, I understand the total result could be affected.

____ I understand the possible side effects and complications of the USF may include:

1. **Discomfort.** You may feel a slight amount of discomfort during treatment. This is very minimal and it will subside very soon after the treatment.
2. **Irritation.** You may encounter a slight amount of irritation following each treatment. This is very rare and is due to the degree of the exfoliation and product used on the skin.

____ I understand the following products are contraindicated with the USF:

1. **Accutane.** The use of Accutane is contraindicated with the USF. You must stop the use of the drug before the treatment of the USF for at least 12 months and cannot be used during the course of any USF treatment program.
2. **Chemical Peels. (TCA, ALA, Phenol, etc.)** The use of any chemical peel is contraindicated for thirty days before the USF treatment. You may use a chemical peel immediately after the USF, however.

____ I have: a pacemaker tumors a thyroid condition metallic implants an infection
 epilepsy pregnant or lactating palsy an allergy to metal thrombosis phlebitis
 cancerous lesions a skin disease diabetes an acute medical condition had a recent operation
 scar tissue less than 12 weeks old used retin-A none of these conditions.

____ The specific treatment protocol chosen is the Ultrasonic Facial. The Esthetician has explained the theory and any risks/complications involved, its successes and benefits.

In consideration for receiving services at Beutilash & more! LLC, I hereby release, waive, discharge, and covenant not to sue Beutilash & more! LLC, its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Beutilash & more! LLC from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on Beutilash & more! LLC premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

Printed Name: _____ **Date:** _____

Signature: _____