



Esthetics Consent Form

I _____ authorize Smooth Skin Centers estheticians to perform the following esthetics treatments on me:

- Facial
- Chemical Peel
- Dermaplane
- Microdermabrasion
- Microneedling
- Other: _____

A facial is a procedure involving a variety of skin treatments, including: steam, exfoliation, extraction, creams, lotions, facial masks, peels, and massage.

A chemical peel is not a cure for any skin condition. However, for certain conditions, these peels can provide market improvement in the appearance of the skin. Peels 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 a thorough understanding of what a chemical peel can do for your particular skin condition. Ask your esthetician any questions you have.

Dermaplane is a skin care treatment that removes dead skin cells and vellus hair, aka peach fuzz. An aesthetician uses a small, sterile blade while holding the skin taut, swiping the blade in gentle upward motions.

Microdermabrasion is a minimally invasive procedure used to renew overall skin tone and texture. It can improve the appearance of sun damage, wrinkles, fine lines, age spots, acne scarring, melasma, and other skin-related concerns and conditions.

Microneedling is a minimally invasive treatment to rejuvenate your skin. A tiny, pen-like device with fine needles is used to puncture the top layer of the skin, which triggers the body to create new collagen and elastin. In other words, it promotes active skin renewal, encouraging the body to firm and tighten the skin. I will be given complete instructions regarding after care of the treated area. It is important to follow aftercare instructions carefully to minimize the chance of incomplete healing. Sun avoidance and/or use of a sun block are highly recommended. Tanning without sunscreen should be avoided for a minimum of seven days prior to any treatment.

I agree to all that are checked or otherwise indicated:

- I have provided my past and current medical history and medications and that it is my responsibility to keep Smooth Skin Centers' Inc. aware of any changes to my medical history and medication usage.
- I am not pregnant (female patients) and shall notify Smooth Skin Centers if anything changes.
- If I am using prescription-strength acne medication, I have my doctor's permission to receive treatments.

- I understand I cannot be treated if I have an active outbreak of any viral infection including COVID-19.
- I understand that payment is due at the time of the treatment and that no refunds or transfers are given.
- I consent to the taking of photographs during the course of my treatments for healthcare and/or medical or marketing purposes. My full name will not be used to identify these photographs.
- I understand that the esthetician is available by appointment and so if I need to cancel or reschedule my appointment, I need to do so 48 hours prior to my appointment. If I cancel this appointment past this cut off time, I am aware I will need to pay half of the cost of the treatment or that I will lose my deposit.
- I understand that if I cancel my appointment the same day of my scheduled appointment that I will be responsible for paying the cost of the entire treatment.
- 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 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 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 in order 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. I accept 100% responsibility for any effect or contraindication that may or may not occur.

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.

Client: _____ Date: _____

Parent/Legal Guardian
(if Client is under 18 years old): _____ Date: _____

Esthetician: _____ Date: _____