

Beautiful Solutions

Treatment Consent Form

I acknowledge that the practice of skin care treatments including laser treatments, medical grade chemical peels, dermal planning, microdermabrasion, body treatments, facial toning, and various other beauty treatments are not an exact science and no specific guaranties can or have been made concerning results. I understand that some clients experience more change, and improvements to become apparent.

I also realize that the following risks and hazards may occur in connection with any particular treatment including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, change in the skin pigmentation, and increased hair growth. I also understand that hypo or hyper pigmentation is possible, and that the treated area could take from three to six months to heal. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance. I also understand that compliance with recommended after care guidelines are crucial for healing, prevention of scarring, and hyper-pigmentation.

Given the above, I understand that response to treatment varies on an individual basis, and the specific results are not guaranteed. I also agree to hold harmless and release from any liability **Beautiful Solutions** as well as any officers, directors, or contract employees, or any of the medical staff of the above company for any condition, or result, known or unknown that may arise as a result of any treatment that I receive.

Client Signature

Print Name

Date

Staff Witness

Date

I hereby grant permission to **Beautiful Solutions** to use any photographic treatment records for the purposes of clinical, and statistical studies, advertising, or promotion without any additional compensation.

Client Signature

Staff Witness

Date