

CONSENT TO TREATMENT

I hereby authorize the performance of skin treatment and therapy performed upon me by Jennifer Corley, who has described the procedure to me, has informed me of the reasons she deems the procedure and treatment advisable, has advised me of the risks and possible complications this treatment.

I have fully reviewed and discussed the disclosures, contraindications, and understand the drugs that may cause photosensitivity. I understand the need for Pre-Conditioning the skin prior to my peel/resurfacing treatment as well as the Post-Peel care instructions. I understand that there are no guarantees as to the results of this procedure, treatment or therapy since so many variables and unknowns exist with regard to each individual, and expect and acknowledge that all treatment and therapy is being performed at my request, and at my sole risk.

I hereby further release Jennifer Corley from any and all claims, implied or stated that I have or may have in the future in connection with this and future skin treatments or therapy regardless of the outcome or results. I further agree that I will follow the guidelines listed above, and understand that they are material to proper and successful skin treatment or therapy

Client Name (Print) _____

Client Signature _____ Date _____

Esthetician _____ Date _____

CONSENT FOR HIGH FREQUENCY

HIGH FREQUENCY is a safe, holistic approach to skin rejuvenation treatment however the following precautions should always be taken: avoid using AHA or Glycolic Acid products with high frequency machines. Avoid contact with broken capillaries, spider veins and areas of rosacea. Do not use high frequency during pregnancy. Do not use if you have a pacemaker or heart disease history. Avoid wearing metal jewelry while using high frequency.

 _____ client initials

If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$25