



CLIENT CONSENT FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Check if you want to receive marketing and promotions

I hereby consent and authorize, _____ a Licensed Esthetician, and a SKIN SHEEK™ Certified Technician, to perform the following procedure: _____ using "Clear" by Skin Sheek™

I acknowledge that the treatment goal is for esthetic improvement, I also recognize that independent results are dependent upon age, skin conditions, and lifestyle and that there is a possibility I may require further treatments of the areas treated to obtain the expected results at an additional cost

I consent to the taking of photographs to monitor treatment results

I consent to before and after photographs of treatment being posted publicly

I am not presently pregnant or lactating

I have not had any Botox in the past 2 weeks, or used retinoids for 3 or more days

I do not have a severe allergy to nickel

I am not on any blood thinners or high doses of aspirin

I have been informed of the possible risks and complications which may include, but are not limited to, infection, hyperpigmentation, redness, edema, bruising

I understand that this procedure will make my skin photosensitive and I must apply SPF 30 or higher 10 minutes prior to sun exposure

I do not currently or have a history or prior history of: Pace maker, keloid scarring, viral Infections, auto immune disease, vascular disease, cold sores (may cause slower healing time), anxiety issues, glycation, have taken Accutane in past 6 months

I have been given a copy of pre-care, post-care, and home instructions

I understand home care and maintenance are required to achieve optimal results

I agree to follow the post-care, and home instructions

I understand numbing is optional

Post treatment healing time is usually 7-10 days, it is highly recommended to purchase LuxMD™ post treatment medical balm, it will speed healing times

I understand the potential risks and complications and choose to proceed after careful consideration of the possibility of both known and unknown risks, complications, limitations and alternatives

Please list any Medical Diagnosis: _____

Please list any Medications: _____

Current Medical Treatments: _____

On my own free will, I am requesting and providing my informed consent, to undergo treatment(s) I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health I assume all risks as my own I hereby release them from any liability, both seen and unforeseen, now and forever.

Clients Name : _____

Date : _____

Clients Signature : _____

Esthetician Name: _____

Date: _____

Esthetician Signature: _____

Call or Email If you have questions or concerns: