



SKIN DAMSEL

AESTHETICS

GENERAL CONSENT

Thank you for choosing (Skin Damsel). In our ongoing efforts to provide you with the best possible service we ask that you carefully review this consent form and ask any questions necessary to help you fully understand it. This form shall serve as a permanent consent form along with each and every procedural consent form signed by you for services rendered by (Skin Damsel).

Anesthesia

I understand that use of a topical anesthetic is optional and will only be applied upon my request. I understand that the topical anesthetic is designed to decrease my sensation of discomfort associated with various treatments.

I also understand that individual variance and equipment settings will affect any perceived level of discomfort.

I will fully disclose my personal medical history, including any medication may be taking, in order to assist with the choice, if any, of topical anesthesia.

If using an over-the-counter (non-prescription) topical anesthetic product I assume all risk associated with its use and will discuss such use with my pharmacist or personal physician prior to application. This includes any product obtained through or at the recommendation of (Skin Damsel).

If using a prescription product I will review its use with the prescribing physician and with the dispensing pharmacist. I will not use such a product until I am fully informed of its need, potential complications and cautions associated with its use.

I understand that, in general, topical anesthetics are not to be used by anyone allergic to 'caine' type medications, anyone who is pregnant or nursing, or anyone with a history of seizures or liver disease. Topical anesthetic is not to be used on damaged or non-intact skin, open sores, or inside the mouth.

I will obtain and review any product-specific cautions and information prior to using the medication.

Disclosure

I will disclose a full and accurate personal medical history to include any and all information regarding medical conditions and my use of medications, drugs, herbs, vitamins, or other supplements of any kind. I understand that failure to do so may affect my treatment outcome and increase the likelihood or severity of complications.

Confidentiality

I understand that no information regarding services performed shall be released without my express consent except as herein stated. I do authorize that copies of my records may be sent to another (Skin Damsel) location if I seek additional treatment from that location. I understand that, in addition to authorized (Skin Damsel) personnel, the clinic's Medical Director and Consulting Physicians shall have full access to my treatment records. I also understand that appropriate medical assessment may be conducted to further the safety and efficacy of (Skin Damsel) services. I understand that there may be a charge for my medical assessment. I understand that (Skin Damsel) will maintain file copies of all records.

Continued Consent

I understand that (Skin Damsel) services generally consist of ongoing treatments to achieve maximum benefit, and this consent shall apply to all services rendered to me by (Skin Damsel), including ongoing or intermittent treatments.

Photographs

I understand that photographs may be taken to document treatment results, however, they will not be released or used otherwise without my specific verbal or written consent.

Guarantee

- I understand that no specific guarantees are implied or made by this consent form.
- I certify that I am a competent adult of at least 18 years of age.
- My signature attests to the fact that I have fully read this entire consent form and that any questions or concerns have been answered to my satisfaction, and that I understand and agree to the information contained within.

Date: _____

Signed: _____

Printed Name: _____

Parent or Legal Guardian: _____(for minors under age 18)