



# FACIAL TREATMENT

## CLIENT CONSENT FORM

I hereby consent to and authorize TheChiroSkin to perform the following procedure:

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I have voluntarily chosen to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me.

While it's not possible to list every potential risk and complication, I've been informed about potential benefits, risks, and complications. I understand that results are not guaranteed and may vary based on factors like age, skin condition, and lifestyle. Additional treatments for expected results may be needed, incurring extra costs.

I have read and understood the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home post-treatment care, I will consult the esthetician immediately.

I have also, to the best of my knowledge, provided an accurate account of my medical history, including any known allergies and current use of prescription drugs or topical products.

I consent to the use of photographs for treatment documentation purposes, with all personal information kept confidential.

I have read and fully understand this consent agreement and all of my questions have been answered to my satisfaction. I hereby give my full consent to the procedure and subsequent treatments, releasing TheChiroSkin and associates from any liability related to it.

.....  
*Client Name (printed)*

.....  
*Client Name (signature)*

.....  
*Date*

.....  
*Parent/Guardian's Signature (if a minor)*