

*Results Med Spa*  
Client Treatment Consent Form

I hereby consent to and authorize \_\_\_\_\_ (esthetician) to perform the following procedure/s:

\_\_\_\_\_ I have voluntarily elected to undergo this procedure after the nature and purpose of this procedure has been explained to me, along with the risks and hazards involved by the above esthetician.

\_\_\_\_\_ I have been informed of the possible benefits, risks and complications. I also understand there are no guaranteed results. Results are dependent on each person's age, skin condition and lifestyle. I also understand that I may require further treatments to obtain the expected results at additional cost.

\_\_\_\_\_ I have read and understand the post-treatment home care instructions and the importance of following these instructions. I will consult with the esthetician if I have any questions or concerns during home care.

I certify that I have read and fully understand this agreement and all information detailed above. I have had sufficient opportunity for discussion. All my questions have been addressed to my satisfaction. I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) \_\_\_\_\_

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

Esthetician (signature) \_\_\_\_\_ Date \_\_\_\_\_