



Informed Consent for Skin Imperfection Treatment

I hereby authorize and direct Beautiful You Permanent Cosmetics to perform skin imperfection treatments on me utilizing the Perfect Touch machine or the Skin Master machine, whichever the technician deems most appropriate for the skin condition. I authorize the following treatment of the following areas,

I further authorize the technician to perform any other removal procedure that in their judgement might be necessary or advisable to achieve the successful removal of those skin growths that have been approved for treatment. The details of the procedure have been explained to me in terms that I could understand. I am advised that though good results are expected, complications cannot be anticipated and that therefore there can be no guarantee, either expressed or implied, as to the results of the treatment. I understand that possible complications post treatment might include hypopigmentation (lighter skin color where growth was removed), pink tissue throughout the healing process, infection of site and possible scarring if I am prone to keloid (white, raised scar) development.

I consent to have Perfect Touch or Skin Master utilized on me for the purpose of cosmetic treatment of skin imperfections removal. As with any cosmetic procedure, the goal is for esthetic improvement not perfection. Risks associated with the treatment are minimal and may include burns/scabbing, skin discoloration and scarring, thus it is extremely important to follow home care recommendations to minimize these risks. I agree that if I am unsure of any underlying conditions (i.e. skin cancer, skin disease), I will consult a physician prior to undergoing any cosmetic treatment. In consenting to have the Perfect Touch or Skin Master procedure, I hereby release and forever discharge the technician of above said cosmetic procedures, of and from all claims, demands, damages action or case of action arising out of the performance of the said cosmetic procedures, which I, my heirs' executors, administrators or assigns can, shall or may have. _____(Please Initial here).

_____ I have voluntarily and agree under my own responsibility and liability to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks involved.

_____ I understand that my skin needs time to heal and certain days to see results.

_____ All that is done in this treatment on my skin, is done under my full responsibility and the technician who did the treatment does not hold any responsibility or liability toward me, and I waive now and in the future all my rights to contest against the technician.

_____ I understand that this treatment is not recommended for people with diabetes or with high blood pressure. I am NOT diabetic NOR do I have high blood pressure.

_____ If you have a pacemaker, are pregnant or have had a baby within the last 6 months you are not a candidate for this treatment. Clients with Fibromyalgia and Mitral Valve Prolapse will be asked to provide a release from their physician. I do not have these conditions. Release attached – YES/NO (circle)

_____ The skin care technician has answered all my questions and has explained the most likely complications or problems that might occur during the treatment and healing period and I understand them.

_____ I certify that I have read and that I understand this consent form and that all blanks were filled in prior to my signature.

_____ I understand that before and after photos will be taken of my procedure(s) for the purpose of documentation.

Client Name: _____ Client Signature: _____

Date: _____ Phone # _____

Technician Signature: _____