



Consent for Facial Treatment

Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure such as pregnancy, recent facial peels or surgery, allergies, tendencies to cold sores and fever blisters, use of Retin-A, Accutane, and recent or upcoming exposure to ultraviolet rays (sun or tanning beds).

I understand there may be some degree of minor discomfort such as stinging, itchiness, and redness.

I understand there are no guarantees to this procedure and that to achieve maximum results; I may need several ongoing treatments and use a daily product over a period of time, including sunscreen.

I understand that the possibility of irritation and redness exists and that I should notify Executive Skin & Laser if irritation persists.

I understand that I cannot have this procedure if I have any sunburn, or have been recently exposed to the sun preceding this procedure. I understand that I will not expose myself to ultraviolet rays (sun or tanning beds) after this treatment for at least 72 hours.

I acknowledge that I have been given post-treatment instructions and that I will follow the home care program specifically designed for me without changing or adding any products without consulting my skin care professional.

I consent and authorize that this procedure be performed by the staff of Executive Skin & Laser and I agree not to hold Executive Skin & Laser or any of its representative responsible for any adverse effects resulting from this treatment.

Patient Name _____ Date _____

Practitioner Name _____

Executive Skin & Laser

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A member of the American Society for Laser Medicine & Laser