Consultation and Treatment Consent Form

Client Information

Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Procedure(s) Requested:

- ❑ Botox
- ❑ Dermal Fillers
- ❑ Chemical Peels
- ❑ Laser Treatments
- ❑ Other (please specify): _____

By signing this consent form, I acknowledge and agree to the following terms:

1. Consultation

_____ I understand that a consultation is required prior to any treatment, during which the nature, purpose, risks, and potential side effects of the requested aesthetic services will be explained. I am encouraged to ask questions, and I acknowledge that I have provided complete and accurate information regarding my medical history, including but not limited to allergies, medications, and any relevant prior treatments.

2. Treatment Consent

I hereby consent to receive the following treatment(s) provided by the Medspa:

_____ **Botox:** I understand that Botox is a neurotoxin used to temporarily reduce the appearance of fine lines and wrinkles. I acknowledge that results are not guaranteed and may vary.

_____ **Other Aesthetic Services:** I understand the specific risks and benefits of the treatments I have discussed with the provider, including the possibility of swelling, bruising, allergic reactions, or other side effects.

I consent to receiving the above treatments and agree to follow any aftercare instructions provided to me by the practitioner.

3. Photos and Videos

_____ I understand that before, during, and after my treatment, photos and/or videos may be taken for clinical, educational, and promotional purposes. These photos may be used for documentation, marketing, social media, and other promotional materials related to the Medspa services.

_____ By signing this consent form, I grant the Medspa the right to use any photographs, videos, or other visual media taken during my consultation and/or treatment. I understand that my identity may or may not be disclosed, and I hereby waive any right to inspect or approve the final use of these images or videos.

_____ I understand that I am not entitled to any compensation for the use of these images or videos.

4. Acknowledgment of Risks and Benefits

_____ I understand that there are potential risks associated with the requested treatments, including, but not limited to, swelling, bruising, infection, uneven results, and allergic reactions. I acknowledge that no guarantees have been made regarding the outcome of my treatment. I have had the opportunity to ask questions about the procedure(s), and all my questions have been answered to my satisfaction.

5. Consent to Contact

_____ I consent to be contacted by the Medspa for follow-up care, appointment reminders, and promotional offers via phone, text, or email.

6. Right to Withdraw Consent

_____I understand that I have the right to withdraw consent at any time before or during the treatment. I also acknowledge that if I do withdraw consent, the Medspa will not be responsible for any consequences of the treatment being halted.

Client Signature: _____

Date: _____

Provider Signature: _____

Date: _____