

Deep Cleansing Facial Waiver & Consent Form

1. Treatment Description:

- Double cleansing
- Exfoliation (enzymatic or mechanical)
- Steam
- Extractions
- High-frequency (if applicable)
- Mask treatment
- Moisturizer and SPF application

I acknowledge that this treatment is designed to clean pores, remove impurities, and improve skin texture, but results may vary.

2. Health & Skin History

I confirm that I have informed my esthetician of all medical and skin conditions, including but not limited to active acne, rosacea, eczema, allergies, recent chemical peels, laser treatments, medications, or Accutane. List any conditions, allergies, or medications:

3. Risks & Side Effects

I understand that potential side effects include redness, irritation, temporary sensitivity, breakouts, and mild discomfort during extractions.

4. Extraction Consent

I understand extractions may cause temporary redness or tenderness.

- YES, I consent to extractions
- NO, I do NOT consent to extractions

5. Contraindications

I confirm that I do not have active infections and have informed my esthetician about any recent botox, filler, or dermatological treatments.

6. Informed Consent

I voluntarily agree to receive this treatment. I understand results are not guaranteed, and I will follow after-care instructions.

8. Acknowledgment

I confirm that I have read and agree to the terms of this waiver.

Client Signature: _____

Date: _____

Esthetician Signature: _____

Date: _____