

Microdermabrasion Consent Form

Initial each acknowledgement line below:

_____ I hereby agree to have the treatment performed and agree to follow all pre and post treatment instructions.

_____ I acknowledge that I have answered all questions on my client information form truthfully and completely.

_____ I release the instructors, management and staff of Neroli Med Spa, inc from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products.

_____ I consent to the use of my before, during and after facial procedure photographs for education, promotion or advertising purposes.

_____ I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied.

_____ I acknowledge that I should avoid use of aggressive exfoliators, waxing or products containing acids for 2-4 weeks following the chemical peel procedure.

_____ I release the instructors, management and staff of Neroli Med Spa, inc from any and all liability associated with any injuries and/or current or future conditions resulting from the peel procedures included in the Microdermabrasion.

Client Signature: _____ Date: _____

Skincare Practitioner Signature: _____
Date: _____