

# *Forever Flawless Medical Aesthetics and Laser*

## **SkinStylus™ Consent Form**

The Client understands that the number of SkinStylus™ treatments required varies and that several treatments may be needed.

The Client understands that there may be some degree of discomfort, i.e., scratchiness, itchiness, irritation, stinging and hotness.

The Client understands that it is normal for the treated area to appear red with slight swelling after the treatment, similar to mild-moderate sunburn, which can last for up to 4 days following treatment. There may also be temporary very mild bruising.

The Client understands that there is no guarantee to this procedure and understands in order to achieve maximum results, they will need maintenance treatments and the use of a daily products over a period of time.

The Client understands that exposure of a recently treated area to strong sunlight should be avoided and that we advise the use of a SPF of 30 or higher.

The Client confirms that they have informed this clinic of all their medical details relevant to this treatment and will update these throughout the course of the treatments should any details change.

The Client confirms that they have understood all the information given regarding this treatment during the consultation and that any questions they have had have been answered satisfactorily.

The Client acknowledges that they have read and fully understood this document before signing.

The Client agrees to have the treatment outlined above, including the use of topical anesthetic if required and will follow all prescribed directions regarding post procedure care and home care.

\_\_\_\_\_  
Client name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Provider signature

I have received a copy of aftercare instructions for the SkinStylus™ treatment and I understand that failure to follow these instructions may result in permanent injury.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature