

Forever Flawless Medical Aesthetics and Laser

Skin Classic Treatment

Informed Consent

I, the undersigned acknowledge that Christina Miller RN has explained to me the nature of the above mentioned procedure including all of the possible risks and dangers such as: infection, hyper or hypo pigmentation, redness, edema, bruising or scarring. I have had all of my questions and concerns answered to my satisfaction by a clinician/RN, and have fully discussed any and all skin conditions that I am aware of with the clinician/RN, as failure to do so may result in permanent injury. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection, and thusly I understand that the number of treatments necessary will vary between individuals and the areas being treated and are not guaranteed. Several factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease effectiveness of treatments. I agree that I do not have any of the below mentioned contraindications as failure to disclose this information may result in permanent injury.

- Any dermatological disorders in the treatment area
- Pregnancy
- Accutane use within 12 months of treatment
- Moles
- Anything considered suspicious by a dermatologist or any physician.
- Pacemakers
- Lupus
- Melasma
- Any irregularity with a blood supply
- Bleeding disorders

I will follow all aftercare instructions as it is crucial to do so for healing. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent treatments with the above understood.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Christina Miller RN (individual) and Forever Flawless Medical Aesthetics and Laser (facility) and Dr. Vince Marino MD (doctor) from all liabilities associated with the above indicated procedure. No refunds on treatments.

Client/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

I have read, understood and have received a copy of the aftercare instructions for the Skin Classic treatment. I understand that failure to follow aftercare instructions may result in permanent injury.

Client Signature _____ Date _____

Witness _____ Date _____