



## Informed Consent and Release Form

### Please Read and Initial:

\_\_\_\_\_ I have completed the Skin Care Consultation Form accurately. I have been candid in revealing any conditions that could prohibit treatments, such as cold sores, pregnancy, use of hormones, recent facial surgery or laser resurfacing, recent use of Retin-A™ or use of Accutane within the last 18 months.

\_\_\_\_\_ I acknowledge that the possibility of an adverse reaction to a waxing, facial, HydraFacial, dermabrasion and/or peel can occur and that this is the case regardless of precautions taken. I accept sole responsibility for the treatments I receive and for any medical care that may become necessary. I will immediately contact the Esthetician who performed the treatment of any adverse reactions. In the event that I cannot reach such person, I will immediately seek medical care.

\_\_\_\_\_ I fully understand that Physician's Plan and its agents may refuse to perform the treatments I have requested if a contraindication is stated. I understand that I have given up substantial rights by signing this release and that it represents an agreement between me and Physician's Plan. I agree that my participation in treatments is voluntary and I accept the inherent risks.

\_\_\_\_\_ I hereby release Physician's Plan, its agents, owners, employees, successors and assigns, and suppliers from any and all damage or injury that may result from the treatment I receive. I represent that all the information provided by my has been true and correct. I am over the age of 17 years old. I hereby authorize the Esthetician to perform said treatments.

\_\_\_\_\_ The Esthetician has provided me the information necessary for me to have made the informed decision to proceed with the treatments. He/she has answered all of my questions concerning the treatments. I clearly understand the above information.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Esthetician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date