

The HYDRA FACIAL



CLIENT/PATIENT CONSENT TO TREATMENT:

My signature acknowledges that I have read the following and agree to receive the treatments or series of treatments listed below.

I, _____, consent to and authorize:
PLEASE PRINT NAME

Jeanne L. Whitman, CCE, CME, to perform the Hydra Facial procedure and related services on me.

Areas to be treated: _____

Number of estimated treatments: _____



- 1} _____ The nature and purpose of the treatment has been explained to me, and any questions I have regarding this treatment have been explained to my satisfaction.
- 2} _____ I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- 3} _____ Possible side effects include but are not limited to: mild redness, extreme redness, bruising, local swelling, stinging, tenderness, dry skin, flaking, lightening or darkening effects are temporary and generally fade within 72 hours.
- 4} _____ If prone to cold sores, see your physician for Acyclovir, Zovirax, or take supplements of L-Lysine, along with beta carotene and folic acid daily.
- 5} _____ It is recommended to discontinue all AHAs Glycolics, Retin A, Renovo, or any exfoliation products for up to 72 hours post-procedure. I understand that I must use hydration and soothing antioxidants for healing, and ice for swelling and inflammation reduction.
- 6} _____ I agree to adhere to all safety precautions and home skincare programs as recommended by Jeanne L. Whitman.
- 7} _____ I am over 18 years of age or I have parental consent cosigned below.
- 8} _____ I will call to inform Jeanne L. Whitman of any complications or concerns I may have as soon as they occur.

Client Signature _____ **Date** _____

Parental Signature _____

Skin Care Specialist _____