EN
ELIZAVETA NEGINSKAYA

EN Signature Brows & Beauty Studio

CHEMICAL PEEL CLIENT CONSENT FORM

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

_____ Initial
1. I voluntarily request that Elizaveta Neginskaya perform the Peel procedure. I acknowledge having been informed that this cosmetic procedure is intended to remove surface layers of the skin to improve the vitality of the skin.

_____ Initial
2. Peels, despite their high levels of efficacy and safety, are not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.

_____ Initial
3. It is important to use sun screen of SPF 25 or greater when exposed to the sun.

_____ Initial
4. I understand complications can include white heads, cold sores, infection, scarring, numbness and permanent discoloration, particularly in people with dark skin.

_____ Initial
5. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

_____ Initial
6. I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment.
The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

_____ Initial
REFUND POLICY:
Individual services, promotional services, sale services, series services, gift certificates purchased for yourself or for another individual are absolutely non-refundable. This applies to all of the procedures offered at the salon. There are NO REFUNDS on any procedures or services we have already initiated or already completed. NO EXCEPTIONS.

Client's Name (Please Print):_____

Client's Signature:_____Date: _____