

JS Advanced Skincare & Spa
Client Profile

Consent for Skin Care Treatment

I, _____, hereby authorize the skin care professional in charge at JS Advanced Skincare & Spa to treat me with one or more of the following skin care modalities: microdermabrasion, peels, radiofrequency, LED light therapy, microcurrent facial toning, and/or oxygen infusion.

I understand that with any treatment, certain risks are involved and that any complications or side effects from unknown causes could occur. I freely assume these risks. ____ (initial)

Please initial the following statement:

- I am not pregnant or lactating.
- I do not have a pacemaker.
- I do not suffer from Epilepsy.
- I do not have a history of skin cancer.
- I have not received chemotherapy or radiotherapy in the past three months.
- I do not have a history of herpes breakout in the area of treatment.
- I have not used Retin-A for 72 hours.
- I have not taken accutane in the past 6 months.
- I agree that I am not taking any medications that may cause photosensitivity.
- I agree to avoid sun exposure for 48 hours
- I agree to apply sunscreen daily.
- I do not have metal implants in the mouth or jaw area
- I do not have any broken or inflamed areas of skin on the face

I certify that I have read and fully understand the above consent, that explanations have been made, and that the skincare professional has answered all of my questions. Please contact JS Advanced Skincare & Spa immediately by phone or email if you have any complications after your treatment.

Signed: _____

Phone: _____ Email: _____