

Informed Client Consent Form

NAME _____ DATE of BIRTH _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

Although every precaution will be taken to ensure your safety and well-being before, during, and after your treatment/procedure, please be aware of the following information and possible risks and indicate that you fully understand what to expect. **Please initial:**

____ I hereby consent to and authorize the technician/esthetician, Diana O'Donnell to perform the recommended treatments/procedures we discuss at each appointment

____ I voluntarily agree to undergo this treatment/procedure after the nature and purpose of this treatment/procedure has been explained to me, along with the risks and hazards involved.

____ Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications.

____ I understand that it is imperative to my health and safety that I disclose all of the information requested in the Client Consultation/Health History form. I have cited all conditions and circumstances regarding my health history, allergies, and medications, supplements, or prescriptions being taken (orally and/or topically), and any past reactions to products or medications.

____ I understand that no specific guarantees of the results can or have been made and that there is the possibility I may require additional treatments/procedures to obtain expected results at an additional cost.

____ I have read and understand all pre-treatment, post-treatment and home care instructions. I understand the importance of following all instructions given to me. In the event that I have additional questions or concerns regarding my treatment or post-treatment care, I will consult Diana O'Donnell immediately. I understand that if I choose to consult a physician, I do so at my own expense.

____ I consent to "before-and-after" photographs for the purpose of documentation, potential advertising, and promotional purposes.

I understand that if I have any concerns, I will address these with Diana O'Donnell. I give permission to my Diana O'Donnell to perform the above treatment/procedure we have discussed and will hold him/her/them and his/her/their staff/Moana Beauty LLC dba Diana O'Donnell harmless and nameless from any liability that may result from this treatment/procedure. I understand Diana O'Donnell will take every precaution to minimize or eliminate negative reactions as much as possible. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have been provided sufficient opportunity for discussion and to have any questions answered. I understand the procedure and accept the risks. I do not hold Diana O'Donnell, whose signature appears below, responsible for any of my conditions that were present but not disclosed at the time of this procedure that may be affected by the treatment performed today.

Client Name (Print) _____

Client Name (Signature) _____ Date _____

Diana O'Donnell _____ Date _____

Parent or Guardian Signature (*in case of a minor*): _____ Date _____