



DERMAFLASH CLIENT CONSENT FORM

I, _____, agree to having to undergo this treatment/procedure after having the treatment details and nature of the treatment along with risks and hazards involved by qualified beauty esthetician SASHA CRUZ.

I understand that dermaflash is a method of exfoliating the top layer of skin using a blade or other similar tool. I acknowledge that this procedure is not permanent and may require repeated treatments to maintain desired results.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I understand that there may be risks and side effects associated with dermaflash, including but not limited to, skin irritation, redness, itching, swelling, and infection. I acknowledge that I have discussed these risks with my provider and have had any questions or concerns addressed to my satisfaction.

I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and understand the post-treatment aftercare instructions. I understand how important it is to follow all aftercare instructions given to me.

Please check the circle and sign below to confirm your understanding:

- I have read and understand this agreement and all information detailed above. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by treatment performed today.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

ESTHETICIAN (PRINTED):

ESTHETICIAN (SIGNATURE):

DATE: