

General Information Consent Form

I, _____, consent to, and authorize the staff of Premier to perform
_____ on _____

1. The nature and purpose of the treatment(s), its possible benefits, and alternative treatments have been explained to me. Any questions I have regarding this treatment have been answered and explained to my satisfaction. _____(Initials)
2. I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown cause could occur. I freely assume these potential risks. _____(Initials)
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 of the skin, infections, pimples, bumpy appearance, cold sores or scarring. Most side effects are temporary and generally subside within 72 hours. _____(Initials)
4. If I am prone to Herpetic outbreaks (cold sores or fever blisters), I understand that I may need to take oral anti-viral medicine. If necessary, the Premier staff will supply me with the appropriate prescription for this medicine. _____(Initials)
5. I acknowledge that no guarantee or assurance, expressed or implied, has been made by anyone regarding this treatment, or series of treatments, which I have herein requested and authorized. _____(Initials)
6. I realize that the procedure may not be successful; and the result may not be as I fully desire. _____(Initials)
7. I give my consent to the administration of topical anesthetics. _____(Initials)
8. I acknowledge the use of my photographs for educational scientific purposes. _____(Initials)
9. I agree to adhere to all safety precautions and home post-treatment skin care programs recommended by the Premier staff. _____(Initials)
10. I am over 18 years of age or I have parental consent (co-signed below). _____(Initials)
11. I will inform the Premier staff of any complications I may develop, as soon as they may occur. _____(Initials)

Name: _____ Date: _____

Client Signature

Parent or Guardian Signature (if client is a minor)

Witness Signature

Witness Name (please print)