



**GENERAL CONSENT FOR TREATMENT**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I understand and acknowledge that aesthetic treatments and procedures, and the practice of skin care, including injectables, fillers and various other aesthetic procedures is not an exact science and no specific guaranties can or have been made concerning the outcome. I understand there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I understand that there are risks with any aesthetic treatment, which can include but are not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I also understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested product use or post-treatment care, I will consult my provider at GlowOn immediately.

I have, 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 fully understand this General Consent, and have had the chance to have all of my questions answered to my satisfaction. I do not hold GlowOn or its providers 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 the treatment performed.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Date