

GENERAL INFORMED CONSENT

I _____, consent to, and authorize the staff of ZMediSpa to perform: laser (Hair Removal/IPL/Skin tightening/Resurfacing/Tattoo removal), skin (Peels/facials/ect.), injectables (Filler/Toxins/PRP) and Body Contorting (Vanquish).

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. _____(Initial)
2. I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these potential risks. _____(Initial)
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, post inflammatory hyper pigmentation, bumpy appearance, cold sores, or scarring. Most side effects are temporary and generally subside within 72 hours. _____(Initial)
4. If I am prone to Herpetic outbreaks (cold sores or fever blisters), I understand that I may need to take any oral anti-viral medicine. If necessary, the ZMediSpa staff will supply me with the appropriate prescription for this medicine. _____(Initial)
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. _____(Initial)
6. I realize that the procedure may not be successful and the result may not be as I fully desire. _____(Initial)
7. I give my consent to the administration of anesthetics. _____(Initial)
8. I agree to adhere to all safety precautions and home post-treatment skin care programs recommended by the ZMediSpa staff. _____(Initial)
9. I am over 18 years of age or I have parental consent (co-signed below) _____(Initial)
10. I will inform the ZMediSpa staff of any complications I may develop, as soon as they may occur. _____(Initial)
11. I am aware of the 24 hour cancelation policy and know that there is a \$25 fee for all no shows and late cancelations. _____(Initial)
12. I am aware that ZMediSpa may need to take my photo. I authorize them to be used for in office use like charting _____(Initial) & marketing materials _____(Initial).

Name _____ **Date** _____

Client Signature _____

Parent or Guardian Signature (if client is a minor) _____

Witness _____

