

OG Skin Geek
Facial Treatment Consent

Client Information	
Name: Date:	Home Phone
Address	Cell
City/State/Zip	Email:
Treatment:	
Imbalanced Skin Treatment*	Signature Custom Facial*
Pressed for Time*	Safe Year Round Peel
Add On Lighttim	Add on Spot Treatment/Extractions
Microdermabrasion (Diamond Tip*)	
Waxing - Back (½ or Full)*	Waxing – Forearms*
Waxing – Bikini*	Waxing – Full Face*
Waxing – Brazilian*	Waxing – Side Burns*
Waxing – Chest*	Waxing – Toes*
Waxing – Eye Brows or Upper Lip*	Waxing - Underarms*T
What are we treating you for?	
Acne or congested skin (Imbalanced)	Blackheads
Dry or Dehydrated Skin	Oily Skin
Fine lines or Wrinkles	Melasma (Brown Spots)
Acne Scarring	Rosacea
Treatment Precautions:	
<p>These treatments are designed to professionally exfoliate and rejuvenate your skin. Providing us with an accurate health history and honest feedback helps insure the success of your treatment. Risks associated with the above treatments are (but not limited to): Stinging or Burning during and after treatment, Skin Flaking or Peeling, Sensitivity to the Sun, Heat, Cold and Wind. Also, Post-Inflammatory Hyperpigmentation (brown spots) can happen to all skin types especially with facial treatments that contain AH/BH Acids. If you are not a candidate for a treatment due to high risk factors, our Esthetician will advise you. For some skin types a prescription lightening agent may be necessary prior to treatment, you will need to obtain this from your health care provider. We can not guarantee precise results, peeling times or discomfort. You may experience temporary stinging, itching or a hot flush feeling to your skin during treatment that should resolve by the time you leave the office.</p>	

Health and Compliance Agreement: (initial to the left of the statement)

I am not Pregnant*	I agree to use an SPF30 or higher post treatment
I am not Allergic to Aspirin or Aspirin Products	I agree to avoid direct sun exposure for 48 hours
I AM PRONE TO COLD SORES	I agree to call the office if I have any concerns
	I agree to follow post care instructions
I have not had Botox or Fillers in the last 14 days, I do not have any metal or Silicone Facial Implants	I agree not to a hair removal treatment on my face for at least 14 days.
I have not taken Accutane in the past 12 months	I have not had any laser treatments in the last 14 days

***Exceptions – The treatments *starred above are safe for pregnant and lactating women.**

Your Consent Please:

I give Sandra Connell, OG Skin Geek authorization and consent for treatment outlined above. This consent for treatment is good for 1 year. I promise to advise S. Connell/OG Skin Geek of any changes in my healthcare that may affect my facial/waxing treatments. I agree to release Sandra Connell, Lic. Esthetician/OG Skin Geek from any claims or guarantees of my treatment, regardless of outcome. I have read the above consent, and have had a consultation for the above treatment and understand my risks if applicable. I also agree that if a prescription pre-treatment, and if specific post treatment product(s) is necessary for my successful outcome, I will be compliant, and acknowledge that the prescription (from physician)/product is an additional charge.

Client Signature/Date:

Witness Signature/Date: