

## Custom Facial Consent

### What is a Custom Facial?

A Custom Facial is a completely personalized spa service designed to treat any skin concerns you are facing. Custom facials will provide you with one or several of the following: deep cleansing of the pores, exfoliation of dead skin cells, acne treatment, moisturization and hydration of the skin, brightening of the skin, and anti-aging regimens. This is a personalized, beautifying skin treatment that based on a skin assessment in collaboration with your skincare needs and concerns

### What should you expect during your treatment?

A Custom Facial treatment should be relaxing. After an intake form is completed, your provider will review and customize a facial treatment service for you. You will experience a cleanse, exfoliation, steam, mist, infusions, creams, oils, lotions, massage, facial masks, facial enzymes, eye and lip care. You also may experience extractions, gua sha, radio frequency, high frequency, microcurrent, and LED light therapy. These therapies and treatments will be customized prior to each service. If at any time during your service you are experiencing discomfort let your provider know.

Clinical skin grade products will be used, despite their high levels of efficacy and safety, they are not free of side effects. Redness and mild swelling of the treated area can occur and usually subsides within a few hours but can last up several days. Irritation, itching and/or mild burning sensation or discomfort may occur within 24 hours of treatment. It is important to use sunscreen of SPF 25 or greater when exposed to the sun.

I have voluntarily elect to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on 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 the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regime, I will consult with my provider immediately. 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 fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa 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 preformed today.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_