



General Treatment Consent Form

I, _____ hereby acknowledge and understand that I am receiving cosmetic treatment(s) described generally as various aesthetic and medical aesthetic services at **Sweet Expressions**. I hereby give my free, voluntary and informed consent to receive such treatment(s). I understand that there is one – to – one personal contact involved with these treatments and I am not aware of any medical reasons that would preclude me from requesting or undergoing these treatments.

Furthermore, I hereby agree to defend, indemnify and save harmless **Sweet Expressions** and or its principals, employees, or agents from any claims which might arise in relation to any allergic reaction and or other potential liability which might arise from or in the context of the treatments received from **Sweet Expressions**. I accept any such liability as a voluntary assumption of risk, and acknowledge that this is a condition precedent to receiving the above treatments.

I consent to photographs being taken to evaluate treatment effectiveness. No photographs revealing my identity will be used without my written consent.

Before and after treatment protocol have been discussed with me during consultation.

The procedure as well as potential benefits and risks have been explained to my satisfaction.

I have had all my questions answered.

I am aware that **Sweet Expressions** has a 24 hour cancellation policy. Any laser packages that have been purchased are subject to a "No Refund" policy.

I freely consent to the proposed treatment.

Dated at _____, this _____ day of _____ 20_____.

Client Signature _____

Print Name _____

Service Provider _____

Credit Card Authorization (OPTIONAL)

I, _____ hereby authorize the use of my credit card by the staff of *Sweet Expressions*, in the event that I call in to purchase treatments or products.

Client Signature _____ Date _____

Witness _____