



**HYDRAFACIAL CONSENT FORM**  
*(Initial each acknowledgement line below)*

1. I acknowledge that my skin might experience temporary irritation, tightness, or redness, which usually dissipates within 72 hours depending on skin sensitivity. \_\_\_\_\_ *(initial here)*
2. I acknowledge that if I fail to use a minimal sunscreen (SPF 30) and follow the direction for use, I am more susceptible to sunburn, sun damage & hyperpigmentation. I should avoid excessive sun exposure, especially between 10am - 2pm. \_\_\_\_\_ *(initial here)*
3. I have disclosed my history of allergies above and I acknowledge that if I am allergic to one or more of the ingredients in the products used, I may experience an allergic reaction. \_\_\_\_\_ *(initial here)*
4. I hereby agree to have the treatment performed and agree to follow all pre and post treatment instructions. \_\_\_\_\_ *(initial here)*
5. I acknowledge that I have answered all questions truthfully and completely. \_\_\_\_\_ *(initial here)*
6. I release Advanced Skin & Vein Care Centers including Aesthetician, Doctor, management and staff from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products. \_\_\_\_\_ *(initial here)*
7. I consent to the use of my before, during and after facial procedure photographs for education, promotion or advertising purposes. My name will not be used to identify these photographs without my written approval. \_\_\_\_\_ *(initial here)*

By signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_