BARE BEAUTY

laser + skin studio

Client Consent Form

I hereby consent and authorize _____ to perform the following procedure:
(Esthetician)

_____

I have voluntarily elected 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, by _____.
(Esthetician)

Although it is impossible to list every potential risk and complication, I have been informed of any possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon 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 have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician 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 the esthetician, whose signature appears below, 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 performed today.

Client Name (printed): _____

Client Name (signature): _____ Date: _____

Esthetician: _____ Date: _____

BARE BEAUTY

laser + skin studio

CANCELLATION/NO-SHOW POLICY

48-hour notice: Required to cancel or reschedule without charge.

Late cancellation: Less than 48 hours' notice will result in a charge of $50.

No call, no show and same-day cancellation: Full payment of the service cost will be charged. A session may be taken away from a package.

Late arrivals: Clients arriving more than 10 minutes late may be subject to a shortened service or rescheduling, at the provider's discretion, and may incur a late fee/ cancellation fee.

Card on file: A valid credit card is required to hold an appointment, and cancellation fees will be charged to the card on file.

Exceptions: In the event of a true emergency, all or part of the cancellation fee may be applied to future services.

When you book an appointment with me, that time is reserved specifically for you. By canceling or rescheduling with short notice, you're not only taking away a spot that could've gone to another client, but you're also affecting my business's overall productivity and revenue. Your consideration and prompt communication regarding any changes or cancellations allow me to better serve you and other clients.

I have read and agree to the terms of the CANCELLATION/NO-SHOW POLICY

_____ _____

NAME (Please print) SIGNATURE

_____ _____ _____

CREDIT CARD # EXP. CVV

*NO REFUNDS AND TREATMENTS ARE NON-TRANSFERABLE