

PHOTO-LIGHT FACIAL



NAME: _____ BIRTHDAY: _____

ADDRESS: _____
CITY STATE ZIP

EMAIL: _____ PHONE #: _____

HOW DID YOU HEAR ABOUT US? _____

(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES? ☐ Yes ☐ No

CLIENT CONSENT

PLEASE INITIAL THE FOLLOWING:

_____	I understand that erythema is a common immediate reaction from the non-ablative Photo-Facial treatment process. This typically resolves within 2 hours but can last longer. There is a possibility of rare side effects, such as blister or swelling that may occur. I may also feel a gentle warming sensation of the skin during treatment. This is a temporary condition and I understand that each person's discomfort level may vary.
_____	I understand that 4-6 treatments are required for the non-ablative Photo-Facial to be most effective. I understand that it is important to follow the recommended maintenance schedule for future treatments to keep the best possible results. I also realize that each individual's treatment response may be different; therefore, the number of treatments may vary to achieve desired results.
_____	I understand sun exposure, tanning beds, sunless tanning lotions, and tanning creams can cause discoloration or a reaction prior to or during the course of laser treatments. A broad spectrum (UVA/UVB) sunscreen of SPF30 or greater should be applied to the area(s) to be treated whenever exposed to the sun.
_____	I understand that once I have started my treatment program, there are no refunds.
_____	Guests with opened wounds, malignant skin tumors, and certain diseases, tattoos, or currently taking Accutane cannot be treated.
_____	My aesthetician has explained the nature and purpose of the non-ablative Photo-Facial, including risks and possible complications, and has discussed the terms authorize treatment. I further understand this consent form and I agree to its terms and authorize treatment. I further understand that my aesthetician cannot guarantee results and I will not hold Remedi Elite Day Spa LLC or its staff responsible for my individual results of the non-ablative Photo-Facial that I have requested.

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.

SIGNATURE: _____ DATE: _____

POLICIES AND PROCEDURES

SCHEDULING APPOINTMENTS: To hold your appointment, a credit card is required at the time of scheduling. Additionally, payment is required when scheduling online.

CANCELLATION POLICY: You will be emailed, called and/or texted to confirm 1-2 days prior to your appointment. As a courtesy to our clients and staff, it is company policy for all clients to give a 24 hours' notice of cancellation. Failure to do so will result in a 50% charge of your scheduled treatment(s). Clients who miss their appointments without giving any prior notification will be charged in full for the missed treatment(s).

GRATUITY: Gratuities may be paid in cash or charged to your credit card upon request. The amount you leave is at your discretion however, 15-20% is customary.

REFUNDS: Services are final sale. Gift cards and laser packages are non-refundable but may be transferable. All jewelry is final sale. Skin care and body care products are returnable within two weeks of purchase with a receipt.

BY SIGNING BELOW, I AGREE TO THE TERMS OF THESE POLICIES AND PROCEDURES.

SIGNATURE: _____ DATE: _____