



826 BUSTLETON PIKE, UNIT 101 A  
FEASTERVILLE, PA 19053  
215-305-8206

## Consent for Facial Treatment

The goal of a Facial treatment as in any cosmetic procedure, is improvement, not perfection. I understand that my results may not be perfect. In the case of a facial treatment, the number of treatments necessary will vary among individuals and the areas being treated.

I understand that the practice of cosmetology is not an exact science and that no specific guarantees can or have been made concerning the expected results.

I understand that I may have some discomfort, redness and swelling for 2 hours to 7 days, itching or irritation, skin peeling or flaking for up to 7 days after the procedure and I could have possible scarring as a result.

It is my decision to have this treatment and I certify that I have read and have full understanding of the above consent. I have been given ample opportunity for discussion and all of my questions have been answered to my satisfaction. I hereby consent to the facial treatment procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. YURAMED is not responsible for any injury or allergic reaction(s) or any skin abrasions as a result of the services performed on me.

Client Name: \_\_\_\_\_

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

Aesthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_