

Hyaluronic Acid Filler Pen Consent Form

I, _____ hereby consent to and authorize _____ to use a needleless pen to inject liquid hyaluronic acid filler into my skin.

Please read and initial each of the statements below:

____ I certify I am over the age of 18.

____ I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me.

____ I understand and acknowledge that there are risks involved with the treatment I will be receiving. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible 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 a possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

____ In the event that I may have additional questions or concerns regarding my treatment of suggested home product/post-treatment care, I will consult the esthetician immediately.

____ I understand there are contraindications to this treatment, including but not limited to, pregnancy, breastfeeding, sensitivity to hyaluronic acid, and severe allergies.

____ I certify that I am not experiencing any of the above conditions.

____ I understand that my technician only utilizes sterilized equipment to minimize the risk of infection or contamination and that my technician has received training in appropriate sanitation and hygiene techniques prior to performing any procedures. While the risk of infection from our procedures is extremely small, the possibility of such an occurrence cannot be totally prevented. Accordingly, I understand and accept the risk and releases my technician and the spa from any and all liability related to the subject procedure, except instances involving gross negligence.

____ I grant permission to _____, to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, Twitter, Tic Toc, and Pinterest.

____ 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.

By signing below, I agree to the following:

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages which might occur to me while I am undergoing this procedure. 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.

Printed Name

Signature

Date

Esthetician Name

Signature

Date
