



MARSHA'S SKIN CARE & MED SPA

Informed Consent Form and Authorization for Services

This document is intended to obtain your consent for services provided to you by Marsha's Medical Spa, LLC (the "MedSpa") and to inform you of some of our policies and your rights and responsibilities. When you sign this document, it represents your understanding and agreement with our practices. If you do not understand something in this document, it is very important to discuss it with your provider (the "Provider"). Please retain a copy for your records and review as needed.

Print Client Name: _____

Procedures Being Provided: _____

Date of Service: _____

By signing below, I hereby acknowledge and agree to the following:

1. I acknowledge that the nature, purpose and risks/complications of the proposed procedure and alternative methods, if any (including risks of such alternatives), have been fully explained to me.
2. I understand that in addition to the particular risks of this procedure, there are risks including, but not limited to, bleeding, nerve damage (including loss of function), allergic reaction to adhesives or other products used, and infection, which are risks inherent in the performance of any procedure.
3. I understand that my provider may discover unforeseen or unexpected conditions, which require additional or different procedures than those planned. I authorize my provider and his/her assistants or technicians to perform such other procedures which are advisable in their professional judgment. I waive any obligation of the provider to stop or delay the continuation of the procedure in order to obtain any additional consent.
4. If at any time I am uncomfortable with the procedure, I will inform the provider and he/she will gladly rectify the problem, including ending the procedure if I (or the provider) so desires. If the provider is uncomfortable with the procedure at any time, he or she will discuss such concerns with me and may choose to end the procedure if he or she so desires.
5. I have had the opportunity to ask questions about the procedure and the risks and complications associated therewith and all of my questions have been answered to my satisfaction.
6. I am aware the procedures being performed are not an exact science. I acknowledge that no guarantee or assurance has been made to me as to the result that may be obtained from any procedure.
7. I have completed the Client Intake Form accurately and completely and have revealed or disclosed all conditions and circumstances regarding my health and health history, medications being taken, any past reactions to medications taken, and any other allergies I have.

8. I assume all risks incidental to the procedure and accept full responsibility for any of the injuries that occur as a result of the procedure. I hereby release, give up, acquit and discharge the MedSpa and its agents from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this form, and said damages are specifically waived following the signing of this form.
9. I release the MedSpa and its agents from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arise subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during the procedure, which are to be performed at my request.

Any provisions contained herein that are prohibited by the laws of any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition, or modified to conform with such laws, without invalidating the remaining provisions of this release and the preceding documents.

Please read the following statement and sign and date on the line to indicate that you have read, understand, and accept the following statement:

THE PROVIDER PERFORMING THE PROCEDURE OR ANOTHER REPRESENTATIVE OF THE MEDSPA HAS EXPLAINED TO ME ALL INFORMATION REFERRED TO IN THIS FORM. I HAVE READ, UNDERSTAND, AND AGREE TO THE STATEMENTS SET FORTH IN THIS DOCUMENT (EXCEPT THOSE CROSSED OUT AND INITIALED BY ME); AND ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN BEFORE I SIGNED.

Signature of client or person authorized for

Relationship to client if not signer

To be signed by MedSpa Provider or other representative:

I have explained the nature, purpose, and risks/consequences of the above-described procedure, alternative methods, if any (including risk of such alternatives). No guarantee or assurance has been given by me as a result that may be obtained.

Signature of MedSpa Provider or Representative

Title

