

CONSENT FOR TREATMENT

CLIENT NAME: _____

DATE: _____

1. Service(s) I am scheduled to have done today: *

- Facial or Back Facial
- Chemical Peel
- Dermaplaning
- Microdermabrasion
- Body Treatment
- Revitalizing Himalayan Salt Body Treatment – AVOID IF YOU HAVE THESE CONDITIONS: -Severe skin condition, High Blood Pressure, Kidney Disease, Dialysis, or Tuberculosis**
- LED Light Therapy
- Brows - Tinting, Lamination, or Waxing
- Lashes - Tinting or Lamination
- Lash Extensions
- Teeth Whitening
- Waxing Services
- Makeup Application
- Non-toxic Nail Care Services – If you have an ongoing fungus/bacterial nail infection, we may not be able to take care of you depending on the severity. However, we will certainly do our best. If you currently have SNS (Dip Powder), Acrylic, or Hard Gel please let us know so enough time is scheduled, additional \$10-15 removal fee will apply.**
- CONSULTATION ONLY

By signing below, I agree that it is my choice to have the services and/or treatment I have marked above done today. I will be given the opportunity to ask any questions and provided answers regarding any treatment I choose to have done.* I agree to use [electronic records and signatures.](#)

Customer Signature