

File No: 46266
24/3/25

CONSENT FORM FOR HYDRAFACIAL TREATMENT

Patient Information:

- Name: Sandra Allen
- Date of Birth: 13/1/2001
- Contact Number: 058580 913
- Email: _____

Treatment Information:

HydraFacial is a non-invasive facial treatment that cleanses, exfoliates, extracts, and hydrates the skin using a specialized device. The procedure may help improve the appearance of fine lines, wrinkles, congested pores, oily skin, and hyperpigmentation.

Potential Benefits:

- Deep cleansing and exfoliation
- Improved skin hydration and tone
- Reduction in fine lines, wrinkles, and breakouts
- Enhanced skin texture and radiance

Potential Risks & Side Effects:

- Temporary redness, irritation, or tightness
- Mild peeling or sensitivity, especially for sensitive skin types
- Possible allergic reactions to treatment serums
- Rare cases of breakouts or flare-ups

Contraindications:

I confirm that I do NOT have any of the following conditions that may prevent me from receiving HydraFacial:

- Active skin infections, rashes, or open wounds
- Severe rosacea or eczema flare-ups
- Recent use of Accutane (within 6 months)
- Recent facial surgery, laser treatments, or injectables (within 2 weeks)
- Pregnancy or breastfeeding (consult with a doctor before proceeding)
- Known allergies to skincare ingredients (please list below)

Allergies (if any):

release the skincare professional and facility from any liability that may arise from this procedure, except in cases of negligence. I understand that results may vary from person to person.

- Patient Signature: 
- Date: _____
- Practitioner Name: 
- Practitioner Signature: _____
- Date: 24/3/25