



Plasma Fibroblast Consent Form



Name of Client

Date

Area you are plasma fibroblasting

Age

Please initial Below

1.	<i>I agree that I am over the age of 18, I am NOT under the influence of alcohol or drugs, and mentally capable of contracting in my own name</i>
2.	<i>I understand that the possible side effect of the plasma fibroblasting procedure include, but are not limited to, discomfort, mild/moderate swelling, mild/moderate pain, crust formation, scabbing, hyperpigmentation redness, and itching.</i>
3.	<i>I understand that I should wear SPF 30+ during the healing process and limit UV light exposure. Failure to do so may result in post-treatment hyperpigmentation.</i>
4.	<i>I understand that pink atrophic spots can last up to 6 months after treatment (although this is rare).</i>
5.	<i>I have been informed of the nature, risks, and possible complications and consequences of the plasma fibroblasting procedure. I have fully disclosed all health factors to my therapist to avoid any complications.</i>
6.	<i>I understand that results may vary per client and there are no guarantees as to the results of this treatment.</i>
7.	<i>I understand that to achieve maximum results, I may require several treatments.</i>
8.	<i>I understand that I should not scratch or pick at scabs and crusts and if I do so, it may cause permanent scarring.</i>
9.	<i>I understand that I should not smoke during the healing process</i>
10.	<i>I understand that I should avoid heated water sources including hot showers, hot tubs, pools, saunas, and other for at least 3-4 days.</i>
11.	<i>I elect to receive this procedure from Simply You/Shelly Chilton knowing all of the benefit, risks, contraindications and potential complications of post procedure infection, hyperpigmentation, bruising or scaring.</i>
12.	<i>I grant consent for photos to be taken before, during and after the procedure.</i>

By Signing below, you agree to the following:

I understand this agreement is binding and that I have read and fully understand all information listed above, I represent that I am over the age of 18. I have completed this form to the best of my ability and knowledge and agree to inquire about questions I may have before Shelly Chilton/Simply You begins performing the procedure. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any conditions that would make the requested treatment unsuitable. I will inform my esthetician of any discomfort I may experience during the requested treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my esthetician Shelly Chilton/Simply You for any injury or damages incurred due to any misrepresentation of health history.

Client Signature

Date

Professional Signature

Date