



JACQUELINE JASE

Face & Body Center, LLC

Consent Form for Ultrasonic Facial

I understand that Jacqueline Jase Face & Body Center, LLC will perform an Ultrasonic facial service. I am aware of the risks and complications from this service. I am aware of the possible lack of response and/or need for multiple sessions, and am aware that no guarantee has been given regarding the effectiveness.

I have checked with my medical doctor and am able to have this service. I have also fully and honestly disclosed any health conditions, allergies, prescription drugs and products etc that I am using. I also will notify Jacqueline Jase Face & Body Center, LLC of any changes in my health history as it may impact the results of my service.

I understand and will follow the post treatment care instructions that have been discussed.

- Avoiding vigorous exercise or physical activity for 24 to 48 hours and/or redness has subsided
- Do not apply heat to the area for 24 to 48 hours includes hot baths, saunas and steam
- Direct sunlight, UV and tanning bed exposure must be avoided following service. An SPF 30+ should be worn at all times with any sunlight exposure
- DO NOT apply any type of glycolic acid or exfoliation products as this can severely damage/irritate this skin during the healing process
- DO NOT peel, rub, or scratch your skin at anytime. This WILL cause damage and compromise your results

I understand the possible risks and complications and have chosen to proceed with this service and authorize Jacqueline Jase Face & Body Center, LLC to perform the Ultrasonic facial treatment after careful consideration of known and unknown risks, complications and limitations. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Name (Print): _____

Signed: _____

Date: _____