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Client Consent Form

I hereby consent to Esthetician **LaKesha Wilson** to perform the following procedure:

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment have been explained to me, along with the risks and hazards involved, by Esthetician **LaKesha Wilson**.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results, and the independent results are dependent upon age, skin, and lifestyle and that there is possibility I may require further treatments of treated areas to obtain the expected results at an additional cost.

I understand how important it is to follow all instructions given to me for post-treatment care. If I have additional questions or concerns regarding my treatment or suggested home product/post treatment care, I will consult with Purple Delights Spa & More immediately.

I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept the risks. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were not present, but not disclosed at the time of the skin care procedure, which may be affected by treatment performed today.

Client's Name: _____

Client's Signature: _____

Date: ____/____/____

Esthetician's Name: _____

Date: ____/____/____