

# Blush

## MEDICAL AESTHETICS

### *General Consent Form*

I \_\_\_\_\_ hereby acknowledge and understand that I am receiving an aesthetic treatment generally described as \_\_\_\_\_ from Blush Medical Aesthetics. I give my voluntary and informed consent to receive the treatment as listed. I understand that there may be a physical contact involved in these treatments and I am not aware of any medical reasons that would preclude me from requesting or receiving treatments of this nature.

I hereby agree to defend, indemnify, and save harmless Blush Medical Aesthetics and or its employees or owner from any claims which might arise in relation to any allergic reaction and or any other potential liability which might arise from or in context of the treatments received at Blush Medical Aesthetics. I accept such liability as a voluntary assumption of risk and acknowledge that this is a condition precedent to receiving the treatment(s) listed above.

Before and After treatment advice/protocols have been discussed with me and that adherence to such advice/protocol is necessary for optimal treatment results. Also, to avoid undesirable effects after the treatment. The treatment(s) as well as potential benefits and risks associated have been explained to me and meet my satisfaction.

I am satisfied that all my questions have been answered.

I freely consent to the treatment(s) as listed above.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_ Service Provider \_\_\_\_\_

