

General Treatment Consent

Please read each section thoroughly, make sure any concerns are addressed and that any questions you have are answered before making your final decision to move forward with the treatment process.

___ I understand this treatment is a cosmetic treatment and that no claims are expressed or implied. I understand that to achieve maximum and continued results the protocol recommended by LUXE Medical Aesthetics should be followed.

___ I understand there are no guarantees implied as to the results of this treatment, due to many variables, such as: age, skin type, skin condition, sun damage, smoking, alcohol, environmental exposures, etc.

___ I understand that I may or may not actually see demonstrable visible results, that each case is individual.

___ I acknowledge that I have been candid in revealing any condition which might have an effect on this treatment, such as: pregnancy, medication, previous or recent skin surgery or treatment, skin cancer, cold sores/ fever blisters, allergies, use of Retin-A, Accutane, Differin or hormone and recent sun/ tanning bed exposure.

___ I understand that direct sun exposure, tanning beds, tanning lotions, creams or sprays are prohibited 2 weeks PRIOR to my treatment. The use of sunblock protection with a minimum SPF of 30 is required, along with clothing coverage, over the treatment area(s) 2 weeks prior to treatment. I agree to refrain from skin tanning/ tanning booths while I am undergoing treatment, and during the 14 days following my last treatment.

___ If I am prone to herpetic outbreaks either oral or genital, I have been advised to see my physician for a prescription or will receive a prescription from Mason Park Medical Clinic.

___ I agree to refrain from any skin treatment, cosmetic or medical, 14 days preceding and 14 days following any treatment with Mason Park Medical, including filler injections and neurotoxin treatments.

Full Name in Print: _____

Date signed: _____

Signature