

Abbie Kadabby

Ultrasonic Facial~Galvanic Current~Suction~High Frequency~Machine Facial~Light Therapy Waiver

I understand that Abbie Kadabby will perform a 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 also fully and honestly disclosed any health conditions, allergies, prescription drugs and products etc. that I am using. I also will notify Abbie Kadabby 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 Retin-A, glycolic acid, exfoliation or thin skinning products as this can severely damage/irritate this skin during the healing process
- DO NOT peel, rub, or scratch your skin at any time. 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 Abbie Kadabby to perform the Ultrasonic Facial, Galvanic Current, Suction, High Frequency, Machine Facial and/or Light Therapy treatment(s) 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.

Printed Name

Signature

Esthetician/Witness

_____/_____/_____
Date

_____/_____/_____
Date