I, the undersigned, do hereby request, consent to undergo, and authorize Avissa Skin, and its employees, independent contractors, associates, agents, and representatives (collectively and hereby known as "Practice") to perform, implement, and/or assist in the following elective aesthetic procedure. I understand that elective aesthetic procedures are not medically necessary or required. I also understand that the Practice only implements elective aesthetic procedures and does not diagnose, treat, or cure medical conditions.

Desired Elective Aesthetic Procedure:		copy of both the procedure and the pre / post-care
O CWITCHED I ACED		lective aesthetic procedure. My
Q-SWITCHED LASER HOLLYWOOD SPECTRA by LUTRONIC		I have carefully read and fully
,	Initials understand these do	cuments. Initials
To the best of my knowledge, I have provided a conditions or complications, prescription medicat not pregnant or lactating.		
Although it is impossible to list every potential ris and its benefits, possible risks, side effects, comgiven ample opportunity to ask questions, all complications or delays in recovery may occur wormal daily activities and thus economic loss recommended follow-up visits are crucial in rivideos will be taken before, during, and after the p	plications, and available alternative procedure of which have been answered satisfactorily. Which could lead to the need for additional p.s. I understand that compliance with the minimizing the risk of any complications.	es have been fully explained to me. I have been I realize that, as in all aesthetic procedures rocedures, and could result in a delay to one's he pre / post-care instructions as well as I understand that occasionally photographs and
I am personally responsible for the full payment of performance of aesthetic procedures only, not gueffort has been made to achieve realistic expects obtained. I recognize that I may require further processing the process of the control of the co	aranteed results. I acknowledge that although ations, there cannot be any guarantee, expre	n a good outcome is expected and a reasonable essed or implied, as to the results that may be
I freely accept all possible risks, side effects, a Practice from any liability directly or indirectly response, relatives, legal representatives, heirs, ad the above elective aesthetic procedure. I agree become pregnant. I am 18 years of age or older and	elated to this procedure. This consent is voluministrators, successors, and assignees. The to inform the Practice if there are any change	oluntarily executed and shall be binding on my is consent is valid for all future sessions of
Print Patient Full Name	Patient Signature	Date
Reviewed By		

Initials