



BEAUTY SECRETS SPA
by Belen

BB GLOW TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Agreement:

By signing this consent, I understand and agree as follows:

- 1) The "BB GLOW" procedure is an intensive semi-permanent skin treatment. The facial works to improve the skins appearance and involves microneedling a pigmented vitamin serum into your skin while also nourishing the skin.
- 2) I understand that the BB GLOW treatment is not a cure but can improve the appearance of my skin by a high percentage.
- 3) It is recommended to do a minimum of 3 sessions to see significant changes.
- 4) I agree to send photographs periodically to verify the evolution of the procedure.
- 5) I understand that I cannot sunbathe 2 weeks before the treatment and I must follow all the aftercare guidelines as indicated by my skincare professional in order to heal accordingly.
- 6) I declare to be over 18 years old, or if a minor, I require written authorization from one of my parents or legal guardians.
- 7) I understand that I should not undergo the procedure in a case of pregnancy, lactation, skin diseases, hemophilia, diabetes, serious infectious diseases, keloids or under any other condition manifested by a professional.
- 8) Before starting, photographs or videos are taken in the treated area which will be used for follow-up, educational, or advertising media.

I understand that all treatments are non-refundable, and a \$35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed, late cancelled, or changed without 48-hour notice will result in a charge equal to the \$35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date _____ of _____ 20_____

CLIENT SIGNATURE: _____