



BEAUTY SECRETS SPA  
*by Belen*

**STRETCH MARKS CAMOUFLAGE 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) During the "STRETCH MARKS CAMOUFLAGE" treatment, pigments of the same skin color are applied to match the normal color of the skin. This procedure is not intended to treat stretched skin and yes, to camouflage stretch marks, giving uniformity to the coloration of the stretch marks with the coloration of the surrounding healthy skin, thus making the stretch marks less obvious.
- 2) I understand that the Stretch Marks Camouflage treatment is not a cure, it does not alter skin texture, but there is a change in stretch mark color to achieve a skin-like tone. The evolution and healing vary from one organism to another until the pigment stabilizes. The total healing time can be anywhere from 30 to 60 days in which the stretch marks can remain inflamed, red, or in some cases darker until the end of the healing time.
- 3) Depending on the type of skin after 60 days, the procedure may need more sessions. It all depends on the skin type. For ethics and professionalism, we cannot assure how our case with turn out since it varies for each individual.
- 4) I agree to send photographs of the treated area every 7 days, with good light and always in the same position in order to see the correct evolution of the procedure.
- 5) I understand that after healing, in the case of tanning, the area does not undergo a color mutation, but it is always recommended to use sunscreen in the area even if there is no camouflage. The camouflage performed does not alter the texture of the skin, it only evens out coloring.
- 6) I understand that I cannot sunbathe 60 days before the treated area and I must follow all the care instruction as indicated by the professional for the correct healing of the procedure.

- 7) I declare to be over 18 years old, or if a minor, I require written authorization from one of my parents or legal guardians.
- 8) I understand that I should not have the procedure in the case of pregnancy, skin diseases, hemophilia, diabetes, HIV, serious infectious diseases and keloids.
- 9) After the Stretch Marks Camouflage treatment, you should not undergo treatments that may affect the results of the procedure, such as: microorganism, micro puncture, carboxytherapy, laser, radiofrequency, peeling, dermabrasion, striort, etc.
- 10) Before beginning the treatment, photographs or videos will be taken in the treated area, which will be used for follow-up, educational, or advertising means.

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:** \_\_\_\_\_