



## Mona-Laser MedSpa Consent

I \_\_\_\_\_ hereby duly authorize The Technicians at Mona-Laser MedSpa, to perform the following procedure and/or treatments (see below). I recognize that the procedure/treatment unforeseen conditions may necessitate different procedure than those listed above. I therefore authorize the physician, Midlevel Practitioner and or technician assistant(s) to perform the necessary procedures that are in the authorize of his/her professional judgement for a better likelihood of the desirable results. The authority granted under this paragraph shall include all conditions that require treatment and are not known to the medical director/physician at the time the procedure has begun. I understand that the procedure(s) may fall to completely treat the area in question and may respond differently to various skin types, hair color, degree of tanning and body areas being treated. I have been advised of possible risks and side effects of the above treatments and am aware that multiple treatments may be necessary to achieve optimum results and goals. As part of the requirements of the above treatment, my chart may be subject to peer review for quality control. I acknowledge that no guarantee has been performed: including appropriate portions of my body for medical, scientific, or educational purposes, provided they do not reveal my identity. These photographs and videos may be used for medical meetings, medical director reviews, advertisements or any other promotional or public relation purposes. I understand that the signature of the witness if a non-physician on this document indicates only the signing of my name has been observed and not that the witness has necessarily provided information regarding the procedure. It has been observed to me at this Medical Spa is under proper protocols and supervised by licensed medical doctors and providers. The treatments/procedure to be undertaken have been fully explained to me. Related information including post and Pre procedures have been explained to me. There may be alternative procedures that have been proposed. The risks and benefits have been fully explained to me. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. What Mona-Laser has discussed with you and has been included in this form and after care protocols are given in written form. By signing this consent form, you are aware of the treatment and you agree to proceed. Mona-Laser MedSpa may provide you with additional or different information that is based on all the facts in your case and the state of medical knowledge if and when requested.

**I CONSENT TO PROCEDURE(S) BELOW IN ADDITION I AM SATTISFIED WITH THE EXPLANATION.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

- IPL
- HAIR REDUCTION
- LASER SKIN FACIAL
- CO2 LASER
- VIEN REDUCTION
- BODY CONTOURING /SKIN TIGHT
- MICRONEEDLING
- PLASMA RICH PROTEIN/ phlebotomy
- INJECTABLES (BOTOX, DYSPORT, NEWTOX)
- DAY FACIAL
- CHEMICAL PEEL
- VAGINAL REJUVINATION
- DERMAL FILLER