



Spa La La

Brows • Skincare • Massage



rezenenerate

refresh. restore. renew.

3425 Bee Cave Rd. Suite B2 Austin, TX 78746 512-273-3700

REZENERATE SKINCARE FACIAL CONSENT

Name	_____	D.O.B	_____
Address	_____	City	_____
State	_____	Zip	_____
Mobile	() - _____	Home	() - _____
Email	_____	Referred by	_____

Please take a moment to carefully read the following information and sign where indicated.

This consent form is between *Spa La La* and _____ (client printed name). This document serves as authorization for *Spa La La* to perform a facial using the Rezenerate Wand and Chip. I, the client, understand that the number of facials required to reach anticipated results may vary and that several facials will be needed to achieve desired results. There may be some degree of minor discomfort, such as scratchiness, itchiness, irritation, hotness, and/or stinging during and following the treatment.

It is normal for the area receiving the treatment to appear red with slight swelling, similar to a mild sunburn, which can last a few days. The facial area must be treated gently in between facials and the correct after-care instructions must be followed. The use of AHA's, retinols, or any harsh serums is not recommended until the area is fully recovered. Picking at the face could cause poor results or potential scarring. Excessive sunlight should be avoided and proper sun block with an SPF factor of at least 30 should be worn at all times, reapplied throughout the days following the treatment.

The Client confirms that it has informed *Spa La La* of any medical conditions relevant to receiving this facial treatment. The Client understands all the information given regarding the facial during the consultation and that all questions have been answered to their satisfaction.

Client Printed Name	_____	Date	_____
Client Signature	_____	Date	_____
Esthetician Signature	_____	Date	_____