



## Client Consent for Microneedling Mesotherapy Treatment

I, \_\_\_\_\_ hereby give my consent to Marcella at Non-Surgical Youth & Beauty to perform Microneedling Mesotherapy.

I acknowledge this technique and the alternatives has been fully explained to me.

I have fully disclosed my medical history and answered all specific health question truthfully and to the best of my ability.

I understand this technique may involve certain risks of minor or temporary bruising, redness and swelling of the skin and the possibilities of a sensitive reaction. All risks have been explained to me and I accept them.

I am aware the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as a result of the treatment.

I had the opportunity to ask questions and my questions have been answered to me in full satisfaction.

I have been advised of the products that I need to used while going under treatment.

I hereby give my voluntary consent to have this treatment performed on me.

Signed by Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by Esthetician: \_\_\_\_\_

Date: \_\_\_\_\_