

FACIAL TREATMENT

consent

I, _____, hereby acknowledge that I have voluntarily chosen to receive a Facial Treatment with LINS LUXE LASER. I have been fully informed about the nature of the treatment, including its purpose, potential risks, and expected outcomes.

I understand that facial treatments may include cleansing, exfoliation, extractions, masks, and the application of professional skincare products. Results and duration of treatment may vary based on skin type and condition.

I am aware of potential risks and side effects, which may include but are not limited to:

- Temporary redness, sensitivity, or mild irritation
- Breakouts following extractions or deep cleansing
- Allergic reactions to products used (rare)
- Dryness or peeling for several days after treatment

I have disclosed any pre-existing medical conditions, allergies, current medications, and recent cosmetic procedures. I agree to follow all pre and post-care instructions provided by LINS LUXE LASER.

I release LINS LUXE LASER, its employees, and representatives from any claims or liability arising out of the Facial Treatment, except those resulting from negligence or intentional misconduct.

Client Signature

Date