

**CONSENT TO ELEMIS BIOTEC SPA FACIAL**



Client Name: \_\_\_\_\_

Salon Name: Spa By Nikki, LLC

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this consent form, I confirm that **I do not have any of the conditions listed below** that could cause an adverse reaction for the ELEMIS BIOTEC treatment I am requesting.

Condition	Spa-GLOW	Spa-RESURFACE	Spa-SMOOTH	Spa-BRILLIANCE	Spa-GENIUS
Any Metal Pins/Plates in the Face	X	X	X	X	X
Open Cuts or Abrasions on Face	X	X	X	X	X
Skin or Eye Infections	X	X	X	X	X
Severe Sunburn	X	X	X	X	X
Conjunctivitis or Styes	X	X	X	X	X
Severe Psoriasis on Face	X	X	X	X	X
Pregnant	X	X	X	X	X
Pacemaker	X	X	X	X	X
Epilepsy	X	X	X	X	X
Heart Condition *	X	X	X	X	X
Diabetes (Insulin Controlled)	X	X	X	X	X
Thrombosis/Phlebitis	X	X	X	X	X
Tumors	X	X	X	X	X
Botox (within 72 hours)		X		X	X
Botox (within 3 Months)			X		X
Collagen Fillers (within 72 hours)		X		X	X
Collagen Fillers (within 3 months)			X		X
High Blood Pressure Medication			X		X
Multiple Sclerosis			X		X
Anti-Depressant Medication			X		X
Active Acne			X	X	X
Inflamed Eczema or Psoriasis			X	X	X

\* A doctor's note is required to receive an ELEMIS BIOTEC Spa Facial if you have a heart condition

Please initial the treatment you are requesting

\_\_\_\_Spa-GLOW \_\_\_\_Spa-RESURFACE \_\_\_\_Spa-SMOOTH \_\_\_\_Spa-BRILLIANCE \_\_\_\_Spa-GENIUS

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Esthetician's Notes: \_\_\_\_\_

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