



ALLURE
laser & day spa

Consultation Form

Today's Date: _____
Name: _____ Your Birthday: _____
Spouses Name: _____ Spouses Birthday: _____ Anniversary: _____
Address: _____ City: _____ St: _____ Zip _____
Home Phone: _____ Office Phone: _____ Cell Phone: _____
Email Address: _____
Purpose for visit: _____
How did you hear about us? _____ Referred by: _____

Check all conditions that apply to your skin:

Dry Oily Combination Acne Comedones Sun Damaged
 Scarring Veins Wrinkles Fine lines Pigmentation Rosacea

Explain other: _____

List any medications you are currently taking: _____

Are you currently using Retin-A, Renova, glycolic acids, or any other active topical skin preparation? If so, which ones? _____

Have you ever had Botox or Collagen injections? Yes or No

Have you ever had a glycolic acid peel, chemical peel, microdermabrasion, or laser resurfacing? If so explain:

What results do you expect? _____

Have you ever had any cosmetic/plastic surgery? If so, explain: _____

Eye Color: _____ Hair Color: _____ Skin Tone: _____

Are you prone to Fever Blisters/Herpes? Yes or No

Have you ever experienced keloid scarring? Yes or No

Current Cosmetic/Skin Care Usage Chart

PRODUCT	YES / NO	BRAND NAME	PRODUCT NAME	FREQUENCY OF USE
Soap				
Cleanser				
Toner				
Day Moisturizer				
Night Moisturizer				
Masks				
Exfoliates				
Eye Cream				
Retin A/AHA				

How do you feel about your skin? _____
What would you like to see improved? _____
What type of foundation do you use? _____
Additional important information: _____

Physician Name: _____ Tele: _____

Treatment(s) Recommended

- | | | |
|----------|-----------------|--------------|
| 1. _____ | Discount: _____ | Price: _____ |
| 2. _____ | Discount: _____ | Price: _____ |
| 3. _____ | Discount: _____ | Price: _____ |
| 4. _____ | Discount: _____ | Price: _____ |
| 5. _____ | Discount: _____ | Price: _____ |

Signed By Technician: _____ Date: _____

Client Signature: _____ Date: _____

Treatment Consent and Release

I acknowledge that the practice of massage and nail, hair, and skin care treatments including microablation, microdermabrasion, electrolysis, facials, body treatments, facial toning, TPR treatments, laser treatments, and various other beauty treatments are not an exact science and no specific guaranties can or have been made concerning the expected result. I understand that some clients experience more change and improvements than others. In virtually all cases, multiple treatments are required for improvements to become apparent.

I also realize that the following risks and hazards may occur in connection with any particular treatment including but not limited to: unsatisfactory results, poor healing, discomfort, redness, blistering, nerve damage, scarring, change in the skin pigmentation, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release form any liability Allure Laser & Day Spa Inc. as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown that may arise as a result of any treatment that I receive.

Client Signature

Print Name

Date

Model Release

I hereby grant permission to Allure Laser & Day Spa Inc. to use photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation.

Client Signature

Print Name

Date

Allure Laser & Day Spa Policies

At Allure Laser & Day Spa, we attempt to function at the highest levels of professionalism for each and every patient. Internal quality controls and customer satisfaction are very important to us. We are meticulous in documenting all treatments and transactions in your medical chart, so that we can easily track your progress. We hope that all patients will have a wonderful experience with all of our procedures, products, and spa treatments. However, in the field of cosmetic procedures, outcomes are sometimes not as the patient or practitioner had hoped. Cosmetic procedures have individual and variable results.

ALLURE LASER AND DAY SPA DOES NOT OFFER ANY REFUNDS FOR SERVICES RENDERED UNDER ANY CIRCUMSTANCES. If you choose to discontinue treatment, pre-payments for unused services will be returned upon request, less any outstanding balance. **Initial _____**

Most products sold at Allure Laser & Day Spa are available only through a physician or licensed skin care therapist. They are powerful, and have the ability to make a physical change in your skin. Thus, you may at first find them irritating. This does not necessarily mean the product is too strong for you, but that you should try using it less often until your skin adapts to it. In some cases we can give you a sample to take home with you. You can use the sample before opening your purchase, and exchange the unopened product if you are not pleased with it.

EXCEPT IN THE CASE OF A VERIFIABLE ALLERGIC REACTION, NO REFUNDS OR EXCHANGES ARE OFFERED FOR OPENED PRODUCTS. UNOPENED PRODUCTS MAY BE EXCHANGED WITHIN ONE MONTH OF THEIR PURCHASE, BUT NO REFUNDS ARE AVAILABLE. **Initial _____**

At Allure Laser & Day Spa, we make every effort to be on time, and count on our patients to do the same. Like most physicians' offices, we have a standard policy of charging \$50.00 for all missed appointments for which we were not given at least a 24 hours notice. Also, if you are running more than 10 minutes late, please call to see if we are still able to see you since it might interfere with the next client's appointment and you possibly might need to be rescheduled. If you miss an appointment without notifying us, we may require that you either pay \$50.00 via credit card over the phone, or stop by the spa that week to pay the required payment. **Initial _____**

A Texas Department of Health law states that a prescription and chart review is to be done by a licensed physician with the State of Texas for any cosmetic procedure. This includes all Laser Treatments, Botox, Restylane, Mesotherapy, and Permanent Cosmetics. In order to comply with these regulations we must collect a onetime \$50.00 fee for our Medical Director that encompasses all of your procedures and treatments that may follow. **Initial _____**

Client Signature

Print Name

Date

MICRODERMABRASION, EXCELLAWAVE, ULTRASOUND, ELECTRICAL STIMULATION & CHEMICAL PEEL
Consent Form

Prior to receiving Microdermabrasion, ExcellaWave, Ultrasound, Electrical Stimulation, & Chemical Peel, I have been candid in revealing all conditions that may have a bearing on these procedures, including, but not limited to pregnancy, recent facial treatments, surgery, allergies, tendencies to cold sores or fever blisters, use of Retin-A, Renova, Accutane, hormones, antibiotics and all other medications. If being treated with Ultrasound or Electrical Stimulation I have revealed if I have had a malignant lesion, cancer or have a pacemaker. I acknowledge that experience with previous cosmetic procedures, and especially any complications related to these procedures have been fully revealed.

Initial _____

I understand that there may be some degree of temporary discomfort associated with some of these procedures. I also understand that to achieve maximum results, I will need several ongoing treatments and will need to use recommended skin care products over a prolonged period of time. In most cases, it takes 2-12 months to achieve skin rejuvenation, acne improvement, depigmentation and other desired skin changes.

Initial _____

I understand that there is a possibility for irritation and redness to occur after these procedures. I will notify the staff of Allure Laser & Day Spa if I experience concern about any reaction. I will follow home care regimens designed for me or approved by the Allure Laser & Day Spa staff, and will not change any products without their notification. As with any skin care procedure, there is always the possibility of scarring, hypo and hyper-pigmentation, redness, erythema, blistering, and scabbing. Though every effort is made for patient safety, and the success of all treatments, individual skin differences can occasionally result in poor outcome.

Initial _____

The intensity of your treatments will be chosen according to the level of aggressiveness you and your practitioner agree upon. Following chemical peels, extensive peeling, scabbing, redness, and some swelling or streaking can occur. These usually subside in approximately 7 days to reveal fresh new skin, but in some cases may continue for up to 2 months. **DO NOT PICK AT PEELING SKIN DURING THIS TIME, AS IT COULD ABSOLUTELY RESULT IN SCARRING AND INFECTION.** Also, avoid sun exposure during times of skin restoration, and meticulously use a high quality sunscreen.

Initial _____

I understand that with these treatments there are no guarantees of results or any degree of improvement of any particular condition and that there are no refunds offered under any circumstances.

Initial _____

Client Signature

Print Name

Date

MICRODERMABRASION, CHEMICAL PEEL, DERMAPLANE & COSMELAN TREATMENT

Consent Form

Prior to receiving Microdermabrasion, Chemical Peel or Cosmelan treatments, I have been candid in revealing all conditions that may have bearing on these procedures, including, but not limited to pregnancy, recent facial treatments, surgery, allergies, tendencies to cold sores or fever blisters, use Retin-A, Renova, Accutane, hormones, antibiotics and all other medications. I acknowledge that experience with previous cosmetic procedures, and especially any complications related to these procedures have been fully revealed.

Initial _____

I understand that there may be some degree of temporary discomfort associated with these procedures. I also understand that to achieve maximum results, I will need several ongoing treatments and will need to use recommended skin care products over a prolonged period of time. In most cases it takes 2-12 months to achieve skin rejuvenation, acne improvement, depigmentation and other desired skin changes.

Initial _____

I understand that there is a possibility for irritation and redness to occur after these procedures. I will notify the staff of Allure Laser & Day Spa if I experienced concern about any reaction. I will follow home care regimens designed for me or approved by Allure Laser & Day Spa staff, and will not change any product without their notification. As with any skin care procedure, there is always the possibility of scarring, hypo and hyper-pigmentation, redness, erythema, blistering and scabbing. Though every effort is made for patient safety, and the success of all treatments, individual skin differences can occasionally result in poor outcome.

Initial _____

The intensity of your treatments will be chosen according to the level of aggressiveness you and your practitioner agree upon. More aggressive treatments generally yield a longer recovery period and better results. Following Microdermabrasion, Chemical Peel or Cosmelan treatment, extensive peeling, scabbing, redness and some swelling or streaking can occur. These usually subside in approximately 7 days to reveal fresh new skin, but in some cases may continue for up to 2 months. **DO NOT PICK AT PEELING SKIN DURING THIS TIME AS IT COULD ABSOLUTELY RESULT IN SCARRING AND INFECTION.** Also, avoid sun exposure during times of skin restoration and meticulously use a high quality sunscreen.

Initial _____

I understand that with these treatments there are no guarantees of results or any degree of improvement of any particular condition and that there are no refunds offered under any circumstances.

Initial _____

Client Signature

Print Name

Date