



Declaration of Consent

Please provide the following information for your upcoming herbs2peel Treatment

Client Info

Name: _____ Phone: _____

Address: _____

Medical History

Do you have any allergies to cosmetics, food or drugs? () Yes () No

If yes, which ones? _____

Do you have active herpes (fever blisters)? () Yes () No

Are you presently under a physician's care for any skin condition or problem? () Yes () No

Do you currently receive cortisone injections? () Yes () No

Do you receive Vitamin A acid treatments? () Yes () No

Are you currently taking Accutane? () Yes () No

Are you pregnant or nursing? () Yes () No

Are you taking birth control pills? () Yes () No

Hormone replacement pills? () Yes () No

Have you ever received laser skin therapy or chemical peels? () Yes () No

If yes, when? _____

Have you ever received injectable treatments (Restylane, dermal filler, Botox)? () Yes () No

If yes, when? _____

I have been informed in depth about the herbs2peel Treatment and about the following:

~ I have to protect my skin from the sun for at least four weeks after the treatment.

~ I will not participate in athletic activities immediately after the treatment.

Print Name

Date

Legally binding

Signature



Photo Model Release Form

I, _____ (please print), grant permission to
_____ (photographer _____) to reproduce the
photographs taken of me, or members of my family, for the purpose of publication, promotion,
illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am over the age of 18
 the legal guardian of the following

If legal guardian of model(s), please list name(s) here

Signature _____
Date _____
Address _____
