

NEW CLIENT SPA AGREEMENT/ CONSENT

It is our goal at Chic La Vie Med-Spa to provide the most up to date and appropriate services to get our clients to their skin care goals, as well as giving non-invasive options for body contouring. Please be advised, our staff takes these treatments very seriously as should our clients. Our staff undergoes full training on all product and equipment that is available here at our Med-Spa. As a client of ours, we would like for you to understand that we cannot fully guarantee any service(s). If there is any discrepancy with the treatment provided, we do not give refunds. By signing this agreement, you have read and understand that this is office policy. Chic La Vie Med-Spa and all staff strive for the best customer service experience for all guests. If there is any dis-satisfaction, a visit will be scheduled with the provider to come up with a plan that is most appropriate for both parties. In order to be most effective in treatment, please let your provider know if you have ever had a treatment performed at any other Med-Spa/ practice and the outcome of that procedure. This type of information is crucial for our providers to give you the professional outcome you desire.

I, _____, am here as a new client of Chic La Vie Med-Spa. I understand that I am given the opportunity to have a consultation prior to moving forward with any desired services. At this consultation, all benefits and risks were discussed in detail with me. As treatment progresses, I understand that I have had the opportunity to ask any additional questions, they have been answered in detail by my provider. Indications for treatment, including any non-invasive, non-surgical, or surgical procedures were discussed in detail with me today. I give informed consent to proceed as a client at Chic La Vie Med-Spa in its entirety with any staff including estheticians, injectors, etc.

I understand that there is a no refund policy. I agree to follow post-care procedures and follow up with my provider if any additional services are required after treatment.

_____ (initial)

I understand that my provider was given full disclosure of any services I have received in the past that may or may not affect the total outcome of the services provided here at Chic La Vie Med-Spa.

_____ (initial)

Patient Printed Name: _____ Date: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____