

Thank you for choosing **Avanti Skin Center of Willowbend**. Each Avanti Skin Center is a separately owned and independently operated entity. Not all Avanti Skin Centers provide the same services. Your agreement is with the clinic providing your services. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this consent form and ask any questions necessary to help you fully understand it. Please sign only after careful review and consideration.

Disclosure of Medical History

I agree that I will disclose a full and accurate personal medical history, including any and all information regarding medical conditions and my use of medications, drugs, herbs, vitamins, or other supplements of any kind. I understand that failure to do so may affect my treatment outcome and increase the likelihood or severity of complications.

Confidentiality

I understand that no information regarding services performed shall be released without my express consent except as follows: I authorize that copies of my records may be sent to another Avanti Skin Center location if I seek additional treatment at that location. I understand that, in addition to authorized personnel, the clinic's Medical Director and consulting physicians shall have full access to my treatment records. I understand that appropriate medical review may be conducted to further the safety and efficacy of services. We may also provide limited patient information to various third-party vendors to provide us with database development and maintenance services, referral services or marketing research services. I understand that photographs may be taken to document treatment results, but they will not be released or used otherwise without my specific written consent. **Avanti** will maintain file copies of all records for a minimum of 3 years.

Skin Care Products

I understand that some of the skin care products offered are professional strength and formulated to aggressively treat problem skin. I agree that I will use any skin care products obtained from **Avanti** in accordance with the instructions and directions provided to me and only after becoming acquainted with the product and its recommended use. I realize that I may experience varying degrees of discomfort, redness, burning, peeling, itching, dryness or other skin symptoms, especially in the early stages of use. These symptoms should lessen and eventually subside as my skin tolerance develops. I understand that in unusual circumstances, use of these professional strength products could be harmful and even cause injury to the skin (infection, discoloration, superficial scarring, etc.). I will discontinue use and notify **Avanti** if any unusual or concerning irritation occurs. I will not use any of these professional strength products if I am nursing, pregnant or trying to become pregnant. I understand that long term use is necessary to achieve and retain the desired benefits.

Continued Consent

I understand that **Avanti's** services generally consist of a series of treatments to achieve maximum benefit, and this consent shall apply to all services rendered to me including ongoing or intermittent treatments.

Cancellation Policy

I agree to contact **Avanti** at least **24** hours in advance if I need to cancel or reschedule my appointment. I understand that I may be required to pay a \$ 25 (Twenty five dollar) missed appointment fee. I understand that if I arrive more than 15 minutes late for my appointment I may be required to reschedule in order to avoid disrupting the appointments of other patients.

I certify that I am a competent adult of at least 18 years of age.

My signature attests to the fact that I have fully read this entire consent form, that I have had any concerns answered to my satisfaction, and that I understand and agree to the information contained within.

Issued by **Avanti Skin Center of Willowbend** Date _____

Signed _____ Printed Name _____

Parent / Legal Guardian _____ (for minors under age 18)