



## **Radiance Consent form for Facial treatments**

### **Treatment(s) to Be Performed**

I understand that I am giving consent to receive one or more of the following facial treatments performed by a licensed esthetician:

- Advanced exfoliation (including but not limited to enzyme, chemical, or mechanical exfoliation)
  - Lymphatic drainage techniques
  - Facial Massage
  - Microcurrent facial therapy
- Facial, neck, and shoulder massage
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### **Purpose & Benefits**

These treatments are intended to improve the health and appearance of the skin, support circulation, encourage lymphatic flow, stimulate facial muscles, and promote relaxation.

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### **Possible Side Effects & Risks**

I understand that:

- Advanced exfoliation may cause temporary redness, sensitivity, dryness, or mild peeling.
- Lymphatic drainage and massage techniques may cause temporary skin flushing or light tenderness.



- Microcurrent therapy involves low-level electrical current and may cause a mild tingling sensation.
- Rarely, allergic reactions or skin irritation can occur.
- Pre-existing conditions, medications, or skin sensitivity may affect the outcome of the treatment.
- It is my responsibility to inform my esthetician of any changes in my skin, health, or medications.

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## Precautions

I have disclosed any of the following that apply to me:

- Pregnancy or breastfeeding
  - Metal implants, pacemakers, or seizure disorders (for microcurrent)
  - Active skin infections, open wounds, or undiagnosed skin lesions
  - Recent cosmetic procedures (e.g., injectables, laser, chemical peels)  
Use of Accutane within the past 6–12 months
  - Known allergies or sensitivities to skincare ingredients
  - **Environmental allergies** (e.g., pollen, dust, fragrance sensitivities)
  - **Any facial or brow waxing treatments within the past 48 hours**
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## **Disrobing & Comfort**

I understand that I may be asked to disrobe from the waist up for the purposes of receiving the facial, neck, and shoulder massage.

- I will be provided with privacy, proper draping, and a clean treatment gown/towel for coverage at all times.
  - My modesty and comfort will be respected throughout the service.
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## **Consent & Acknowledgement**

By signing below, I:

- Confirm that I have disclosed all relevant medical history, allergies (including environmental), recent waxing services, and skincare concerns.
- Understand the nature, benefits, and possible side effects of the treatments.
- Give permission for my esthetician to perform the selected facial treatments.
- Release Radiance Health & Wellness and its staff from any liability resulting from these services, except in the case of proven negligence.

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Signature

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Date

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Printed Name