

HydraFacial Treatment Consent

Hydrafacial Treatment Consent Form

(Aesthetics)

Date:

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

Treatment Information

I understand that I will be receiving HydraFacial treatment, which is a multi-step facial treatment that combines cleansing, exfoliation, extraction, hydration, and antioxidant protection to improve skin health and appearance.

Consent Statements

Please initial each statement:

1. I understand the nature of HydraFacial treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed.
5. I will follow all post-treatment instructions.

Signatures

Patient Signature: _____ **Date:**

Provider Signature: **Date:**

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co., Primary Medical of IN, P.C.

Form Complete

Signature Certificate

HydraFacial Treatment Consent

Unique Document ID:

03e8fb8a8a316f88c7570cc20074a6735461b027

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

January 11, 2026 2:19 am EDT

Audit

HydraFacial Treatment Consent Uploaded by ENNU
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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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