

# VI Peel Informed Consent

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### (Aesthetics)

**Date:**

### Patient Information

- **Patient Name:**
- **Date of Birth:** Patient DOB

### Consent Statement

I acknowledge that I have read and understand the information provided about this treatment/service. I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction.

I agree to the terms and conditions described above

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### Signature

**Patient Signature:** (Sign below)

**Date:**

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

# Signature Certificate

VI Peel Informed Consent

🔒 Unique Document ID:

f0c536c084b60923806e582f63d6827fe0bb40b6

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**WP**signature  
Build. Track. Sign Contracts.

Timestamp

UTC

Audit

Document

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IP:



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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