

Saratoga Lashes & Skincare Client Consent Form: Facial Treatments

I hereby consent to treatment, and authorize Reisa Mehlman, New York State Licensed Aesthetician to perform a facial treatment. I have voluntarily elected to undergo this treatment and am aware that there are benefits, risks and hazards associated with any type of skin care procedure including, but not limited to:

Skin break out of pustules, blemishes, redness, swelling, risk of infection, inflammation, hyperpigmentation, hypopigmentation, and/or any other type of disruption, which may result during or after working with the skin.

I understand that if there is any post treatment care involved, that I will follow the advice of Reisa Mehlman and if I have additional questions or concerns, I will contact Reisa Mehlman immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products that I am currently ingesting or using topically.

I have read and full understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold Reisa Mehlman responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today nor do I hold her liable for any resulting conditions or reactions from this procedure. This agreement will remain in effect for this procedure and all future treatment conducted by Reisa Mehlman of Saratoga Lashes and Skincare at Living Well, 18 Low Street, Ballston Spa, New York. I represent that I am over the age of 18 or if under the age of 18, I have a parent and/or guardian signature below and that he or she consents to the procedure under these terms.

Client Name (Please print) _____

Client Name (Signed) _____

Date: _____

Address: _____

street

city/state

zip

Email Address _____

Cell Phone # _____ Carrier _____

Home/Business Phone _____

Allergies: _____

Medical Indications/Applicable Medicine/Notes _____

Cancellation/No Show/Booking Policies

We respect your valuable time and strive to maintain a timely schedule each day. In order to do this, we request that you are punctual and inform us if you are going to be late or if you are unable to make your appointment as soon as is possible. While we realize that sometimes lateness is unavoidable, we try to adhere to the schedule and will most likely have to reschedule you if you are more than ten minutes late for your appointment.

Please understand that all it takes is one late appointment in the morning and every appointment thereafter is affected negatively. We like to have ample time to devote to you for your service and we often have appointments scheduled back to back, which makes it impossible to make up for lateness. Therefore, we do not run over scheduled appointment times. If you arrive late, we will do our best to service you, but will not run over into other scheduled appointments.

Please note that **all appointments must be guaranteed with a credit or debit card which is stored securely in our booking system.** If you are unable or choose not to provide a card, you will need to prepay the full charge of your service in advance.

Your appointment time is reserved for you and only you. When appointments are cancelled with 48 business day hours or less notice, or if there is a no-call/no show, we are unable to fill this time. In order to minimize these occurrences, you are responsible for the full cost of the service booked if you cancel with 48 business day hours or less before your appointment.

In the event that you need to cancel or reschedule your appointment, please call **518-885-9145 with as much advance notice as possible and at least 48 “Business Day” hours in advance of your service (ie: If you are scheduled on Tuesday, you would need to contact us on or before Thursday, not Sunday)** to avoid any charge for your service. Our normal operating business hours are Tuesday through Friday, 11am – 7pm. An email or text message is an unacceptable method to communicate your cancellation. You must call or your request will be void. Please note that **verifiable emergencies will be handled on a per case basis**, in which case you will have a credit on file which you can use when you reschedule within a reasonable amount of time.

Clients with a history of more than one “No Show” or last minute cancellation will need to provide a 72 hour cancellation notice for all future appointments and will pay for services in advance. If your appointment was confirmed with a gift certificate, this gift certificate will be used to cover the cost of the missed appointment.

If you have any type of contagious illness, we request that you reschedule your appointment immediately. Please do not show up for your appointment if you are not well. We will not be able to provide your service and you will be fully responsible for the charge.

We strive to offer you the highest quality of care and appreciate your patronage! Thank you for understanding. I have read, understand and agree with the above policy.

Print Name and Date _____

Signature _____

Master Card/Visa _____ 3 digit CVV code on back _____

Name as it appears on card _____

Expiration Date _____ Billing Zip Code _____