



Patient Treatment Consent and Release Form

- I acknowledge that all aesthetic services offered by Goldfingers Aesthetics & Plastic Surgery are not an exact science and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

- I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, bruising, redness, blistering, nerve damage, scarring, infection, change in skin pigmentation, allergic reaction, muscle damage, and possible outbreak of herpes simplex virus. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

- Given the above, I understand that the response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless, and release from any and all liability from Goldfingers Aesthetics & Plastic Surgery and the individual that provided my treatment, the insured, and any additional insured, and any additional insureds, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

Patient Name (Print) _____

Patient Signature _____ Date: _____