

Fernanda Body Aesthetic

CLIENT ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that:

1. I have provided accurate and complete information regarding my medical history.
2. I have had the opportunity to ask questions about the treatment.
3. I understand the purpose, expected benefits, limitations, and possible risks of body sculpting.
4. I understand that body sculpting is an aesthetic treatment and does not guarantee weight loss or a specific result.
5. I understand that multiple sessions may be recommended to achieve or maintain desired results.
6. I understand that individual results vary.
7. I agree to follow all pre-treatment and post-treatment instructions provided to me.
8. I agree to inform Fernanda Body Aesthetics of any changes to my health, medications, pregnancy status, or medical history before future treatments.
9. I understand that Fernanda Body Aesthetics may discontinue or refuse treatment if a treatment is determined to be unsafe or inappropriate.
10. I have had the opportunity to obtain answers to my questions and voluntarily consent to receive body sculpting treatment.

I have read and understood this Body Sculpting Consent Form. I understand the information provided and voluntarily consent to receive body sculpting treatment at Fernanda Body Aesthetics.

Client Name: _____

Client Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____

Date: _____