

REGENERATE FACIAL AUTHORIZATION

Description: The Regenerate Facial System allows the targeted products/serums chosen by you and Kathleen Cauthen to reach maximum efficacy. The intended result is typically smoother, firmer, and younger-looking skin, but any number of results can be achieved depending upon the chosen serums/products used. Regenerate Facials are performed in a safe and precise manner with the use of sterile Regenerate components.

I recognize there are no guaranteed results and that results are dependent upon age, skin condition, and lifestyle. There is the possibility that I may require further facials or obtain the expected results at an additional cost. In rare cases, the skin may be pink and flushed in appearance after the facial. Additional possible side effects may include skin tightness, mild sensitivity to touch, and facial area sweating.

The Regenerate Facial is not for persons with active inflammatory conditions, scleroderma, collagen vascular disease, blood clotting problems, active bacterial or fungal infection, immunosuppression, or a history of: keloid scars; active Herpes Simplex infections; or diabetes. Use of the Regenerate Pen is not recommended for those who are pregnant or nursing.

I understand that results will vary between individuals. I understand that although I may see changes in my skin after the first Regenerate Facial, I may require a series of Regenerate Facials to obtain my desired outcome. I understand that the Regenerate Facial is a cosmetic treatment and not a medical procedure. Although good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or any other result of the Regenerate Facial. I have received answers to all questions I have concerning this technology and procedure. I release Regenerate, Skinology, LLC, and Kathleen Cauthen from all liability, claims, and/or causes of action for any undesired effect or result.

This consent shall continue for all Regenerate Facials I receive from Skinology, LLC.

Client Signature

Printed Name

Date

Esthetician Signature

Printed Name

Date