

CONSENT FORM FOR COLLAGEN STIMULATOR/BIOSTIMULATOR TREATMENT

- Avoid touching or massaging the treated areas for at least 24 hours.
- Avoid strenuous exercise, exposure to extensive sun or heat, and alcoholic beverages for 24 hours post-treatment.
- Apply ice packs to reduce swelling if needed.
- Follow any additional post-treatment instructions provided by your healthcare provider.

Financial Responsibility: I understand that I am financially responsible for the chemical peel treatments sessions as discussed with the doctor.

Consent:

I have read and understand the above information about collagen stimulator/biostimulator treatment. I have discussed the procedure with my healthcare provider and have had all my questions answered to my satisfaction. I understand the risks and benefits associated with collagen stimulator/biostimulator treatment and agree to proceed with the treatment.

By signing this form, I consent to receive collagen stimulator/biostimulator injections from Dr. BB Crook at Arcabee Aesthetics.

Signature: _____

Date: _____

Signature of Healthcare Provider: _____

Date: _____