

INFORMED CONSENT FORM

Patient Consent To Treatment

My signature below constitutes my acknowledgement that:

1- I, _____ consent to and authorize Dr. Luis Robles and staff members to perform Botox and or Filler treatments and related services on me.

The areas to be treated are:

2- The Nature and purpose of the treatment have been explained to me, and any questions I have had regarding the treatment have been answered to my satisfaction.

3- I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks.

4- I understand that I have the right to refuse treatment.

5- Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees either implicit or explicit, have been made to me as to the results that may be obtained. I further understand that no promises of permanence have been made regarding Botox and Filler treatments.

6- I certify that I have read this entire informed consent and that I understand and agree to the information provided orally and in this form. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18 years I understand that the consent of my parent/legal guardian/person having legal custody will also be required before treatment.

7- I agree to adhere to all safety precautions and regulations during the treatment.

8- I have received and understand post treatment recommendations.

9- I agree to pay for the above mentioned services at the rate of;
_____ units at \$ _____ per unit for a Total of \$ _____.

I understand that there will be no refund for any performed services.

Patient Signature: _____ Date: _____

Witness: _____