



Laser Skin Tag Removal Consent Form

I duly authorize About Image Med Spa to perform the **Laser Skin Tag Removal (The Treatment)**.

I understand that I will receive a Cosmetic Skin Tag Removal (**The Treatment**). In this regard, by signing this form I understand and declare the following:

1. The risks of the treatment have been explained to me. I understand that this is purely a cosmetic procedure, and I have been cleared by my physician concerning this procedure.
2. There are risks involved in the treatment such as blood loss, scarring, infection, and thickening of the skin. Should these occur, I might need to take some antibiotics as prescribed by my physician.
3. Post care procedures are necessary and require my cooperation. I will follow the instructions given to me and make sure to keep up with the appointments for check-ups to observe the progress of the treatment made.
4. There is no guarantee of results from **The Treatment**.

By signing this form, I acknowledge the information above. I have had the opportunity to ask questions and all of which were answered to me completely to my satisfaction. Alternative methods of treatment have been explained to me and I understand that I have the right to refuse the methods of treatments.

I hereby release **About Image Med Spa**, its staff, technicians, and/or estheticians from any liability or damages which I may incur during or after **The Treatment** by which is associated with this procedure which I am to undertake.

Finally, I hereby certify that I am of legal age with full legal capacity to execute this consent. I am freely, expressly, and voluntarily executing this consent.