

Advanced Esthetics of Advanced Dermatology Care
Spray Tan Informed Consent

____I understand this treatment used for producing a darkened skin tone appearance (tan) uses a spray of natural ingredients without artificial preservatives, alcohols, perfumes, oils, or parabens. The effect may be apparent within one to a few hours, depending on which spray tan is selected. The spray tan usually lasts 7-10 days. Clinical results vary depending on individual factors including: medical history, compliance with pre/post treatment instructions, and individual response to treatment. I understand the evenness of my spray tan is greatly affected by pre-treatment factors including but not limited to: how well I exfoliated my skin, areas of dry skin, removal/avoidance of make-up, lotions, deodorant/anti-perspirant, perfumes, etc., as well as post-treatment care including avoidance of water, sweat, friction, chlorine, etc. I understand, and am responsible for the post-care instructions given to me. I understand any achieved results are not permanent, and treatment will not prevent or protect from sunburn or Ultraviolet (UV) damage with any UV exposure.

____I understand that, although side effects with this type of spray tan are uncommon, there is always a possibility of uncommon side effects such as developing a rash, or even an allergic reaction; severe allergic reactions can lead to anaphylaxis. I understand uneven or unwanted coloration can occur with poor compliance with the pre- and post-treatment instructions. Goggles and nose plugs are available for use; if declined, I understand I do so at my own risk. I am aware the practice of medicine is not an exact science and I acknowledge that no guarantees or assurances can be given concerning the results of the procedure. I recognize that my medical provider, assistants, and cosmetic staff performing the procedure are attempting to serve my best interests. These effects have all been fully explained to me.

____I understand there are other tanning treatment options that others offer, such as: over the counter self-tanners, as well as tanning beds that are non-recommended due to skin health, premature skin aging effects, and cancer concerns. [Tanning beds are classified as a known carcinogen, with damaging and carcinogenic UV rays.] These options have been explained to me.

____I understand for the purpose of receiving a spray tan, I may choose to be partially or fully unclothed, however I may be required to wear modesty garments at the discretion of the Cosmetic Care Specialist. I understand the clothing I chose to use for and after my spray tan treatment may be stained. I understand if I am under the age of eighteen, I am required to wear modesty garments unless specifically otherwise stipulated and authorized by my parent/guardian.

____I certify I do not have a severe allergy to nuts, am not pregnant at this time, and do not have a rash or recent sunburn in the area(s) intended for my spray tan. If I have a mild to moderate allergy to nuts and desire a tan with nut oil ingredients, I will require a test patch prior to treatment; I understand that if I react to the test patch, I will not be able to use that type of tanning solution. I will inform the clinician of any changes to my medical history.

____The fee structure has been explained and I am responsible for payment for this treatment, which will be made in full at the time of the treatment. No third party or insurer will be billed or held responsible for any portion of the cost of the procedure. I agree and understand this treatment is an elective procedure for cosmetic purposes only; it is not medically necessary. The decision to proceed with treatment is based solely on my expressed desire to do so.

____I authorize taking of pre/post-tan clinical photos of face, arms, legs for use in clinic, chart records, medical audit, education, publications, promotions, presentations, scientific purposes including but not limited to broad/webcasting, television, journal, magazine, or newspaper articles. Other than my chart, I understand I will not be identified or identifiable. I will allow other professionals, who may or may not be affiliated with Advanced Esthetics, to be present during the procedure.

____I certify I have been given an opportunity to ask questions and acknowledge the discussion that took place regarding the information noted above. I have read, fully understand, and agree to the contents of this consent form. I authorize Advanced Esthetics to perform this treatment. I further authorize the medical provider, and/or assistants to perform such procedures as deemed necessary to remedy any unforeseen acute conditions that may occur or be revealed during the course of treatment.

____I certify I have been fully informed of the nature and purpose of the treatment, expected outcomes, and possible complications. I may be dissatisfied with the results. I agree to hold Advanced Esthetics harmless for not meeting my expectations since I choose to receive this treatment despite the risks. I am giving my informed consent.

Patient (or guardian) Signature

Date

Patient name (please print)

Witness

Date