



**AK Care**  
375 Howden Blvd. Unit 2  
Brampton, ON L6S 4L6

[info@ak.care](mailto:info@ak.care)  
647 622 7325

## General Cosmetic Clinic Consent Form

I, \_\_\_\_\_, acknowledge that I am receiving aesthetics treatment(s) generally described as \_\_\_\_\_ at AK care .

- I understand that my unique skin composition, there are no guarantees, warranties or assurances that I will be 100% satisfied with my results.
- Prior to receiving the treatment, I have been candid in revealing any condition or habit that may have a bearing on this procedure including, but not limited to, medical history, past or future tanning or sun exposure, medications, supplements, skin care regimen, etc.
- I understand that clinical results may vary depending on individual factors including, coma but not, limited to, medical history, skin type, at home skin care regimen, patient compliance with pre/post care instruction and individual response to treatment as well as strict sun avoidance.
- All my questions have been answered to my satisfaction, before and after the treatment protocols have been discussed with me, and that adherence to protocols is necessary for optimal treatment results and to avoid undesirable effects after treatment.
- I agree to have my photograph (when necessary) taken to document my condition and to track my progress.
- I was explained the nature of my condition, the nature of the procedure, its risk and complications, alternative treatments, and the benefits to be reasonably expected.
- I have been given the opportunity to ask any questions. This Document is a written confirmation of these discussions.
- I am aware that the clinic has 72 hours cancellation/ no show policy of C\$50.
- I am aware not to bring children under the age of 12 or pets to my appointment.
- I agree to pay for this treatment. I understand that I have the right to refuse or stop at any time, but that no refunds will be provided once payment is made (including and even if I am dissatisfied with results



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of my treatments). All treatments, treatment packages, and products purchased are final sale and non-refundable.

- However, packages may be transferred to family or exchangeable for other regular priced services as provided by Medical Aestheticians.
- I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form.

*BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE, AND INDEMNITY AGREEMENT WITH AK CARE , ITS PRINCIPLES, EMPLOYEES AND AGENTS FROM ANY CLAIMS WHICH MIGHT ARISE IN RELATION TO ANY ALLERGIC REACTION AND/OR ANY OTHER POTENTIAL LIABILITY IN CONTEXT TO THE TREATMENT(S) RECEIVED", I ACCEPT ANY SUCH LIABILITY AND SIGNING IT VOLUNTARILY.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aesthetician Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_