

Cosmetic Procedure Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Consent to Medical Procedure

I, the undersigned, voluntarily consent to undergo the above-mentioned cosmetic procedure. I acknowledge that:

- I have been informed about the nature, purpose, and potential risks and benefits of the procedure.
- I have had the opportunity to ask questions and discuss my concerns regarding the procedure.
- I understand that results may vary and there are no guarantees.
- I give my consent for photographs to be taken for medical records and promotional purposes.

Patient Acknowledgment

By signing below, I acknowledge that I have read and understand this consent form. I have had my questions answered to my satisfaction and agree to proceed with the procedure.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____