### [SERVICE NAME] PRE-CARE AND POST-CARE INSTRUCTIONS

This treatment consent template is a general example providing guidance on the fields pertinent to many medical spa services. It is essential to review all documents and forms with a lawyer in your area before using them in your business, as the standards may vary for different treatments, service methods, and regions.

### **1. Client Information:**

- Full legal name.
- Date of birth.
- Contact information (Phone number, email address, and mailing address).

#### 2. Medical Spa Information:

- Name of your medical spa.
- Your contact information for any follow-up questions your client may have.

### **3.** Pre-Care Information

- Describe any pre-care instructions, and instruct clients to initial next to their names. Popular pre-care instructions include:
  - Avoid alcohol and caffeine consumption 24 hours before treatment (including coffee, soda, and chocolate).
  - Minimize direct sunlight exposure 24 hours before treatment.

### 4. Pre-Care Information

- Describe any post-care instructions, and instruct clients to initial next to their names. Popular post-care instructions include:
  - Avoid caffeine 24 hours after treatment (including coffee, soda, and chocolate consumption).
  - If irritation occurs, resist rubbing or scratching the treatment area.
  - Avoid direct sunlight exposure 24 hours after treatment.
  - Apply topical treatment to the area as needed.

# 5. Client acknowledgment and signature

- Provide a statement, like "I acknowledge that I have followed the pre-care instructions before today's treatment. I understand the importance of following the after-care procedures summarized above."
- Client signature.
- Date of the client's signature.
- Medical provider or director signature.
- Date of medical provider or director's signature.

# **Contact Information for Further Questions:**

• Provide contact details for the healthcare provider or facility in case the patient has further questions or concerns.

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