

Aloha Nui Aesthetics
Informed Consent For Aesthetic Medicine Procedures

Client Name: _____

I hereby request and authorize the Aloha Nui Aesthetics provider, aided by any assistants required, to perform the below listed aesthetic procedure:

- I. The procedure(s) have been fully explained, in terms clear to me, the effects and nature of the procedure(s) to be performed, foreseeable risks involved, and alternative methods of treatment.

- II. I have been given the opportunity to ask any questions and these questions have been answered to my satisfaction.

- III. I agree to follow the skin care instructions given to the best of my ability before, during and after the above named procedure(s).

- IV. I understand that aesthetic medicine skin care is not a medical service covered by my health insurance and I am financially responsible for the full cost of the procedure.

- V. I understand and agree to pay the total listed price \$ _____ for procedure.

Notes: _____

Client Signature

Date

Dr. Stefan Carl Harmeling

Date