

## **THE FRESH SKIN CLINIC**

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### **Botulinum Toxin Type A Treatment Re-Consent and Consultation Form**

PRINT Name: \_\_\_\_\_

I have been fully informed by my medical aesthetician and understood the following conditions relating to the treatment of Botulinum Toxin Type A

- I have been given the time to consider the treatment.
- I have been provided with sufficient information about the treatment in order to make an informed decision.
- All the information I have given to my medical aesthetician regarding my health, medications and skin care products is correct and accurate and there are no changes from my previous treatment consent form.

I therefore consent to receiving the described treatment by my treating practitioner:

Signed \_\_\_\_\_

Date \_\_\_\_\_