



Unique Face Options, Inc.

Client Orientation & Consent Form

Welcome to Unique Face Options, Inc. we appreciate the opportunity to provide you with professional, quality skin care services and products. Please tell your friends about us so we may give you referral credits!

IMPORTANT- PLEASE READ CAREFULLY:

PAYMENT POLICY:

We accept Cash, PayPal, Personal Checks, Debit Cards, MasterCard, Visa, Discover and American Express. We charge a \$30.00 service fee on all returned checks. Payment is due in full at the time services are provided unless there is a written payment agreement stating otherwise.

**Please note there is a 2% surcharge on ALL credit/debit card transactions.*

_____ Initial

NON-CANCELLATION/ LATE CANCELLATION POLICY:

We kindly ask that you provide a minimum 24-hour notice should you need to cancel your appointment or change it in anyway and that includes omitting any services previously scheduled. Guests who don't show up for their appointments or either make changes to the original services without prior notice will be **charged a minimum fee of \$75.00 up to the full price of the service(s) originally scheduled.**

_____ Initial

LATE ARRIVALS:

Please know that part of our mission is to treat each and every guest with the utmost respect and consideration. Therefore, late arrivals may possibly receive an abbreviated treatment in an effort to stay on schedule while billed at their originally scheduled treatment price.

_____ Initial

REFUND POLICY:

There are **no refunds** at all. If you are dissatisfied for any reason we will be glad to provide you with a UFO, Inc. credit, based on circumstance, to use toward services and/or products* or we'll do an exchange on the same product* *This will be based on product usage and circumstances upon return of product at the discretion of UFO management.

_____ Initial

SERVICES:

All implements used during a treatment are either disposable or sterilized. The skin care professional will take all necessary precautions to ensure the treatment room is properly sanitized for your protection.

Please note that the skin is sometimes more sensitive during a woman's menstrual cycle therefore, extractions or waxing may be at a higher level of discomfort during that time of the month. Please schedule your treatments accordingly.

After a facial treatment has been given please wait at least 24 hours before applying acne medications and glycolic-based products, using depilatories and **YOU MUST AVOID THE SUN.** We highly recommend daily sun protection to every person we treat as a rule. This is what protects the skin from further surface damage and from aging quickly.



Established in 1996



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It is extremely rare that an allergic reaction will occur but in case it does please call our office right away. We receive all messages immediately. In the meantime, discontinue use of all products, except Honey Almond & sun block and use cold compresses hourly.

However, there are some side effects that may occur such as dryness, redness, small scabs, hyper-sensitivity (soreness), and flaking which are all normal and temporary reactions of the skin after a peel and/or extractions. The key is to allow your skin to peel on its own- do not help it by pulling off skin manually. This could result in skin being removed prematurely.

I hereby consent by signing my name below to a facial treatment, facial peel and/or extractions provided by Unique Face Options, Inc. and it shall also serve as my consent for all future treatments as well. I have written any health problems that I may have, and any and all medications I am taking including Accutane, topical vitamin A creams or gels, Retin-A, or Tretinoin on the Client Skincare Information section below. I also agree to avoid direct sunlight and to keep Unique Face Options, Inc. updated on each visit about any prescriptions or topical medications I may begin using in the future.

Print Name: _____ Date: _____

Signature: _____



Office Use Only:

-  date: _____
-  date: _____
-  date: _____
- Referral Picture
- Database



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Print Name: _____ Birthday: ____/____/____
(Month/Day)




Address: _____



City: _____ State: _____ Zip Code: _____

Contact Information:

Home: () _____ - _____ Cell: () _____ - _____

E-mail: _____ @ _____ Please circle the ones you use:   

How would you prefer to be contacted: Mobile (text) provider _____ E-Mail Both



CLIENT SKINCARE INFORMATION

Have you been treated by a Dermatologist within the last three (3) years? _____ If so, for what reason? _____



Are you currently under the care of a Physician? _____ If so, for what reason? _____

Are you using any type of medication? _____ If so, Please give the name(s): _____



Please list any known allergies (food, products, iodine, sulfur, etc.): _____

Have you ever had a professional facial? _____ When was your last facial? _____

What skin care product(s) do you use? _____ How Often? _____

What are your particular concerns about your skin? _____

Who may we thank for referring you? _____

Special Notes

Membership Info

