

GENERAL CONSENT FORM

Name: _____

Contact No: _____

Email: _____

Treatment: _____

I consent to use of local anaesthesia and confirm that I do not have allergy towards topical anaesthetics

I realise that results may vary with each session and vary between individuals

I understand that photographs may be taken before, during and after the treatment. The purpose is to demonstrate and compare the differences prior to and after treatment. These will be retained for our records.

I consent to the use of my pictures for marketing purposes, which may include social media, email & online marketing.

We will use the information you provide on this form to be in touch with you and provide updates & marketing.

Email:

We will send you occasional emails about promotions, new products & treatments & important updates to keep you in the loop.

Customised Online Advertising:

We will use your information to show you ads that are more relevant to you to improve your online experience.

You can unsubscribe at any time. For more details review our privacy policy on our website.

By signing this form you acknowledge that the information you provide will be processed in accordance with our privacy policy.

Name:.....Signature:.....Date:.....