



EDANS MED SPA
body contouring & aesthetics

Body Wraps Consent Form

I _____ give consent to Edan's Med Spa to perform Body Contouring services.

I am NOT:

- Pregnant or breast feeding. _____(initial)
- Have a Lymphatic Disorder. _____(initial)
- Have an acute illness. _____(initial)
- Undergoing cancer treatments. _____(initial)

I understand that that this is not a weight loss treatment rather an inch loss treatment and I can lose up to one inch or more but my final results may vary. _____(initial)

I will let the Aesthetician know if I have experienced an allergic reaction to nutritional supplements, medications or foods. _____(initial)

If I find the temperature to be too much for me or any part of the body wrap becomes uncomfortable for me I will alert the Aesthetician immediately. _____(initial)

I understand and acknowledge that payment for the above service is non-refundable and that by providing my signature below I have read and understand the contents of this consent form. Furthermore if I have any questions, comments, or concerns I will not hesitate to ask the Aesthetician or front desk associate.

Signature: _____ Date _____