

# Cosmetic Procedure Consent Form

## Patient Information

Full Name

Date of Birth

Phone Number

Email

## Procedure Details

Procedure Name

Date of Procedure

Practitioner's Name

## Health Information

Relevant Medical History

Current Medications

Allergies

## Consent and Acknowledgements

- I have had the procedure explained to me and understand the risks and benefits.
- I have had the opportunity to ask questions and have received satisfactory answers.
- I understand the possible side effects and complications.

- I consent voluntarily to the procedure described above.

Patient Signature

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Date

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Practitioner Signature

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Date

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