



Parental Release Form

Service(s): _____

Date of service(s): _____

I, _____, (parent/guardian) of
_____ (minor patient) with date of birth _____
am consenting to allow him/her to receive the following service (s) in the absence of me personally being
in the office.

All potential side effects and risks were discussed and acknowledged by me. All my questions have
been answered in full regarding this procedure.

I understand that NO ADDITIONAL services will be performed today unless an updated consent has
been completed.

I also understand that I am required to complete an updated Parental Release Form for each subsequent
appointment date.

I also understand as parent/guardian that payment is required in full the day of the cosmetic/aesthetic
service delivered, if one is performed.

Parent/Guardian

Date