



Rising Lotus
Wellness Center
"The Standard in Acupuncture"



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Informed Consent to Cosmetic Acupuncture

I, _____ understand that I will be receiving facelift acupuncture treatments. I have the right to know the contraindications for facelift acupuncture so that I can make an informed decision about receiving a facelift acupuncture treatment. I am in good health and do not suffer from bleeding or bruising, acute cold or flu, acute herpes outbreak, acute allergic reaction, pituitary disorders, high blood pressure, migraines, seizures, epilepsy, diabetes mellitus, cancer, AIDS, or coronary disease. I am not pregnant. If I suffer from any of the aforementioned conditions or if there is any doubt that I may be putting my health at risk by receiving facelift acupuncture, I acknowledge that I take full responsibility in informing the acupuncturist now of my health concerns and condition and therefore refuse facelift acupuncture.

_____ I **HAVE NOT** undergone previous cosmetic surgeries and or procedures Botox, collagen injection, microdermabrasion, laser, surgical facelift, etc.)

_____ I **HAVE** undergone previous cosmetic surgeries and or procedures (Please specify type and date of surgeries and or procedures)

Possible risks and discomforts that may result from facelift acupuncture include bleeding and bruising.

I have thoroughly read, or have had read to me, understood, and had full explanation of the above information.

I hereby release Jason Laird, his agents and employees and the Rising Lotus wellness Center from any and all claims for damages and liability resulting from my treatment.

Patient Name (Please Print)

Date

Patient Signature