



Julie Flynn, ND · Organic Health Institute · Gilbert, AZ 85297

Facial Rejuvenation Consent and Disclaimer Form

I _____ hereby understand that by its very nature, acupuncture and other forms of Chinese medicine, including but not limited to acupuncture, acupressure, massage, herbs, aromatherapy, direct and indirect moxibustion, cupping, and electrical stimulation, may cause minor discomfort and may irritate the skin or leave a mark, bruise, or burn. I have been made aware of the risks involved and agree to receive treatment as discussed completely and entirely at my own risk. I acknowledge that no claims, promises, or guarantees are being made as to the risk and effectiveness of any treatment, and I accept full responsibility for the outcome of the recommended treatment.

In signing this document, I am giving my permission to Dr. Julie Flynn to do her facial acupuncture protocol as she sees fit for my particular health and skin condition. This protocol includes but is not limited to: facial acupuncture, body acupuncture, the use of facial scrubs, washes, masks, lotions, and oils, as well as herbal, nutritional, and homeopathic elixirs and remedies pre and post treatment.

Patient signature _____ Date _____

Witness to signature _____ Date _____