

HAND & STONE®

FACIAL PROTOCOL AND CONSENT FORM PROCEDURE

I have reviewed and understand the facial protocols for each skincare line offered. I acknowledge that it is my responsibility to follow these protocols as outlined by each skincare provider. Initial after each protocol. The protocols reviewed include:

DERMALOGICA:

_____ Classic Facial
_____ Back Facial
_____ Biocellulose Masque
_____ Clear Start
_____ Hydrating+
_____ Pro Bright
_____ Pro Calm
_____ Pro Clear
_____ Pro Firm
_____ Pro Power Eye Peel
_____ Pro Restore Booster
_____ Retinol Booster

IMAGE SKINCARE:

_____ Classic Facial
_____ Back Facial
_____ MD Power C Peel
_____ Organic Lift (Ormedic)
_____ Oxygenating
_____ Vital C Brightening

CLARITYRX:

_____ Classic Facial
_____ Back Facial
_____ Anti-Gravity
_____ Better with Age
_____ Hydrating
_____ Live & Be Well
_____ Return to Calm CBD

ADDITIONAL EDU. REQUIRED

_____ Bt-micro Ultrasonic*
_____ Dermalogica Pro Power Peels*
_____ Dermaplaning*
_____ DiamondGlow*
_____ ClarityRx Peels*
_____ Facial Toning by NeveSkin*
_____ LuminFusion*
_____ Nanoinfusion*

DEVICES:

_____ LED Phototherapy
_____ Microdermabrasion
_____ NuFACE Lift
_____ NuFACE Supercharged Eye
_____ NuFACE Smooth + Depuff

RELAXATION ENHANCEMENTS:

_____ Aromatherapy & Scalp
_____ Eye & Lip Treatment
_____ Gua Sha & Ice Globes
_____ Hand/Foot Treatment
_____ Mini Cool Stones

HAIR REMOVAL:

_____ Hair Removal (All Areas)

** Starred services require vendor-specific education, certification, and a completed practical treatment log before being performed on clients. All documentation must be submitted to spa leadership.*

I understand I am responsible for reviewing and completing all required consent forms with my clients prior to administering any advanced treatment. The specific consent forms to be reviewed include:

General Intake & Consent Form _____ Service Orientation Form _____

I understand and have reviewed all required protocols and consent forms applicable to facial services provided at Hand & Stone. I confirm that my professional liability insurance is current, and I have submitted proof to Hand & Stone for their records. I agree to maintain active coverage and provide updated documentation annually.

Esthetician Signature: _____

Date: _____

Manager/Lead Esthetician Signature: _____

Date: _____