



About nail services

This document describes what you need to know before receiving a manicure or pedicure. We use only licensed technicians to perform these treatments. Should you have any unanswered questions, our nail technician or support staff can answer them at your visit.

Before treatment

What does it do?

Manicures and pedicures are designed to care for your hands and feet. They include one or more of the following:

1. hand or foot baths
2. application of a warm shoulder wrap
3. trimming, filing, shaping, painting, or polishing of the nails
4. pushing back cuticles and cleaning the area around the cuticle
5. exfoliation of the hands, arms, legs, or feet with dead-cell-dissolving enzymes or single-use hygienic tools
6. a paraffin wax treatment
7. application of moisturizer
8. massage of the hands, arms, legs, or feet
9. repairing broken nails

Our goal with these treatments is to safely improve the quality of your nails, hands, arms, legs, or feet. Results will vary from person to person. We cannot guarantee how long the results will last, how much benefit you will experience, or how painless the treatment will be.

You should not get a manicure or pedicure if...

1. you're allergic to any of the products used in hand or foot treatments
2. you have any cuts, wounds, blisters, ulcers, or sores on your hands, arms, legs, or feet
3. you have a skin infection near a nail
4. you feel sick
5. your immune system is severely compromised due to illness (e.g., cancer, advanced HIV, poorly-controlled diabetes) or treatments (e.g., chemotherapy or high-dose steroids)

What risks are involved?

What problems might I experience?

Should you experience any problems following your treatment, please contact us as soon as possible. Our technician can answer any questions you might have at your visit.

Skin condition changes: Some people experience mild temporary tenderness, dryness, sensitivity, redness, swelling, flaking, or small scabs.

Herpes or MRSA breakout: Herpes simplex is a viral disease, and methicillin-resistant *Staphylococcus*

aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. If you have herpes or MRSA, you might experience a breakout after your treatment. It's possible for you to unknowingly be infected with herpes or MRSA. Such infections can result in your skin breaking or cracking under certain conditions (e.g., while attempting to remove a callus using a pumice stone).

Fungal infections: These might have gone undetected before your visit and can become more pronounced after treatment.

Before your visit

Do not shave your legs, arms, hand, or feet at least 48 hours before treatment. Shaving may leave your hair follicles irritated and prone to infection.

What should you tell us about?

| To safely perform this treatment, we need to know if you have: | yes | no |
|---|-----|----|
| 1. recently had an operation | | |
| 2. diabetes affecting the feet | | |
| 3. inflamed nerves, undiagnosed pain, or acute rheumatism | | |
| 4. fever or contagious disease (e.g., flu) | | |
| 5. undiagnosed lumps, bumps, rash, or inflammation | | |
| 6. cuts, severe bruising, or abrasions | | |
| 7. any scar tissue in the past 6 months (small scar) or 2 years (major operation) | | |
| 8. had any recent fractures in the past 3 months | | |
| 9. severely bitten or damaged nails | | |
| 10. a nail that has separated from the nail bed | | |
| 11. eczema, psoriasis, corns, warts, or fungal infection | | |
| 12. any form of neuropathy | | |
| 13. any medical problems related to your hands or feet | | |
| 14. allergies (specify) | | |

About allergies

In all treatments, we should know of any food, environmental, or medication allergies you have. Let us know when making your appointment and just before your treatment begins.

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I understand that hand and foot treatments are not a replacement or substitute for medical examination, diagnosis, or treatment.
9. I understand that nail technicians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given will be construed as such.
10. I agree to tell my nail technician of any future changes in my medical profile, medications, topical products, and issues related to my hand and foot treatment.
11. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time