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This consent may only be revoked in writing by the undersigned and delivered to Exclusively Faces Cosmetic Surgery and Medispa.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CONSENT BY PARENT OR GUARDIAN**

I am the parent or guardian of \_\_\_\_\_, a minor. I authorize to sign this consent on his/her behalf and agree to the terms stated above.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date