

Consent Form for Treatment of Minors

(Patient)

Name :

Date of Birth :

Phone Number :

(A Legal Representative)

Name :

Date of Birth :

Relationship :

Phone Number :

Address :



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I am fully informed of the side effects and precautions by JFeel, and agree to the treatment of the patient.

I ensure that the legal representative himself is responsible for all such responsibilities.

Date :

Name:

(Signature)