

AESTIQUE® MEDICAL CENTER

Aestique® Plastic Surgical Associates, Ltd.
Aestique® Ambulatory Surgical Center, Inc.
Aestique® Executive Healthcare, Inc. D/B/A The Spa at Aestique®

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PATIENT

DATE: _____

WITNESS: _____

I have read the above Authorization and Release. I am the parent, guardian or conservator of _____, a minor. I am authorized to sign this consent on his/her behalf, intending to be legally bound hereby.

PARENT/GUARDIAN

DATE: _____

WITNESS: _____