FAX OR EMAIL TO:
888-205-1434 (fax)
acamp@aestheticadvancements.com

Physician Authorization Form

This form must be completed by each PA, NP, or RN registering for an Aesthetic Advancements' course.

Aesthetic Advancements, Institute
2700 Braselton Hwy, Suite 10-450
Dacula, Georgia 30019
Phone: (800) 714-4811

RE: Acknowledgement and Authorization for Hands-On Training
Please complete for each PA, NP, or RN registering.

I attest by my signature that I am the supervising physician for _____ and that he/she practices under my supervising authority.

I hereby confirm that I am aware that _____ is participating in an instructional course on the proper administration of:

☐ Neurotoxins (BoNTA)/Dermal Fillers

I further understand he/she will be providing patient treatment during the hands on portion of the course. I understand and give my permission, as the supervising physician, that the treatments will be provided by _____ and will be performed outside of my presence.

PRINT:

_____
AAI Course Date and Location (City/State)

_____
Practice Name

_____
Practice Address, City, State, Zip Code

_____
Supervising Physician Name/Credentials (Please Print)

_____
Supervising Physician Signature

_____
Date

To return this form to AAI, please scan (or take a picture) and email to acamp@aestheticadvancements.com or fax to (888) 205-1434