



Client Consent Form

CLIENT INFORMATION

Full Name:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Customer ID:	<input type="text"/>
Date of Birth:	<input type="text"/>	Email Address:	<input type="text"/>

I understand that I will require **several treatments** to obtain a significant, long-term reduction of **hair growth**. I understand I may experience **fewer, thinner, slower re-growth** of hairs, temporary hair loss and/or **permanent** hair reduction.

CLIENT'S CONSENT

- Unprotected Sun Exposure, Tanning Beds, and Sunless Tanners 3 to 4 Weeks Prior
- Permanent Fillers Particularly Silicone (Silicone Insulates Creating much Heat)
- Waxing of the Area Within the Last 8 Weeks
- Use of Depilatory Creams or Bleach 4-6 Weeks Prior
- Pregnancy and Nursing Mothers
- Temporary Dermal Fillers within the Last 2 Weeks
- History of Seizures
- History of Keloid Scarring
- Active Infection, Undiagnosed Lesions, Warts, Tattoos in the Treatment Area
- History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended
- Retin-A and Similar Products 3 Days Before and 7 Days after Treatment

By signing below, I confirm that I have read, comprehended, and agree to the checklist.

Client's Name:

Client's Signature:

RISKS AND COMPLICATIONS

I understand there is a possibility of short-term effects. Risks of this procedure include, but are not limited to, the following:

Pain – Some people may feel some pain with this treatment, similar to snapping the skin with a rubber band.

Redness – Laser treatment will cause redness of the area. The redness may be present for weeks to months.

Swelling – Swelling will be present after the procedure and should likely resolve after 1-2 weeks.

Pigmentary Changes – The treated area may heal with altered pigmentation (either lighter or darker skin).

Scarring – Risk of scarring is at any time during the healing process, it may be discolored and may be permanent.

Blistering – The laser procedure may produce heating in the upper layers of the skin resulting in blister formation.

Scabbing – A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.

Infection – An infection of the wound is always possible. Acne Breakout – Acne or folliculitis may follow laser/IPL hair reduction treatments.

Eye Damage – Protective eyewear will be provided; it is important to keep this eyewear on at all times during the treatment to protect your eyes from accidental laser/IPL exposure.

CLIENT RELEASE:

I understand that sun exposure, tanning (including beds), and bronzers must be avoided for three weeks before and 3-5 days after treatment.

The treatment area must be shaved within seven days before each session. Avoid waxing, tweezing, threading, or hair removal creams between appointments.

I consent to photographs being taken during my laser treatments and kept confidential as part of my file, owned by _____.

Please alert us immediately if you have been in the sun, had a tan, or a sunburn, within the last 4 weeks.

*Any concerns regarding the treatment should be discussed directly with the Aesthetic Consultant at the clinic to ensure proper resolution and guidance.

By signing below, I confirm that I have read, comprehended, and agree to the checklist outlined above.

Client Name:

Client Signature Date:

Staff Name:

Staff Signature Date: