



Consent Form for Laser Hair Removal

I _____, consent to and authorize Eternity Med Spa to perform treatments for the following conditions (s): _____. Lasers can be used effectively to destroy targets located in the skin with minimal damage to the surrounding tissues. Laser Hair Removal is used to remove unwanted hair.

Despite lasers high levels of efficacy and safety, they are not free of side effects. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. There may be other treatment options such as, waxing, plucking, bleaching, or electrolysis. With this in mind I am choosing this invasive treatment for hair removal. _____ (INITIAL)

I have read and understand the Pre-Post treatment instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin color/texture changes. _____ (INITIAL)

I have reviewed all medications whether over the counter or prescribed, and skin care products that I am currently using on my skin and I am _____ or I am NOT _____ (CHECK ONE) taking any photosensitizing medication (ones that are more sensitive to sun exposure and burning).

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I understand that I will always receive the same level of service and professionalism at each visit, but my registered nurse/licensed technician or physician may vary. Unless authorized by the physician, I understand that there will be no refunds for services/products purchased or un-used. I agree to adhere to all safety precautions and regulations during the treatment. The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. . _____ (INITIAL)

I certify that I have been given the opportunity to ask question and that I have read and fully understand the contents of this consent form. I release the facility, staff, and specific technicians from any and all liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Signature of Patient or Guardian if a minor

Date

If signed by Parent/Guardian, print patients name

Witnessed by

Date



Pre-Treatment/Post-Treatment Instructions

Precautions to take BEFORE your light-based treatment:

- No sun exposure, tanning beds and sunless tanning cream. Sun exposure decreases the effectiveness of the laser or pulsed light treatment and can increase the chance of post treatment complications.
- Apply a sunblock with SPF 30 or greater when the area being treated is exposed to the sun
- Remove all makeup, creams or oils prior to treatment
- For laser hair removal, make sure the area has been freshly shaved (not waxed or plucked)

Precautions to take FOLLOWING your light-based treatment:

- No rubbing and/or scratching treated area
- No swimming or using hot tubs/whirlpools while redness is present or for at least 24-48 hours
- Apply moisturizer trice a day while redness is present
- If crusting occurs, do not shave or pick area. Apply ointment to the area at least twice a day. Keep area moist, and let it fall off on its own
- Apply make-up gently and remove with a soft cloth and a gentle face wash
- Discomfort may be relieved by ice packs or acetaminophen
- Contact physician if there is any indication of blistering or infection (redness, tenderness or pus)
- **AVOID SUN EXPOSURE!** When treatment area is exposed to the sun, use a sunblock with SPF 30 or greater and apply it often(at least every two hours)!

Patient's Signature

Date