

BODY LASER & SKIN CLINIC

3917 Old Lee Highway #13-D Fairfax, VA 22030

Phone: (703) 281-5800

TREATMENT CONSENT FORM

_____ I am at least 18 years of age and consent to receive hair reduction treatments at *Body Laser Center, LLC*.

_____ I am younger than 18 years of age and have parental or legal guardian authorization to receive treatment at *Body Laser Center, LLC*.

_____ I understand that **Candela GentleLASE** laser treatment is purely elective. I undergo this procedure solely at my own request. I understand my health insurance will not cover the cost of the hair treatment procedures.

_____ I have been explained the risk of eye injury and how to properly use the protective eyewear.

_____ I have been explained and understand that 6 weeks prior to and after my treatment I must wear sunscreen to protect my skin and failure to do so may result in discoloration of my skin.

_____ I understand I will not be treated if I have undergone skin tanning, as it will increase the risk of side effects.

_____ I understand that immediately following the treatment, the treated areas may appear red and swollen. Typically, the redness and swelling may last up to 3 days. The treated areas may resemble sunburn a few hours after treatment. Hydrocortisone, Neosporin, or aloe vera should be used during these periods as long as there is no history of prior allergies present. Improper care of treated areas may increase chance of skin texture changes.

_____ I understand that laser treatment may stimulate dormant hair growth in treatment areas. These hairs will be treated in subsequent treatments.

_____ I have been informed and understand of potentially serious complications that may accompany this procedure, including scarring, blistering, purpura (bruising), hypopigmentation (white spots), or hyperpigmentation (dark spots). Usually the aforementioned complications are temporary and will resolve themselves in a few days, weeks or could take 3-6 months to heal,

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depending on your skin type. Failure to follow the technician's instructions may increase the chance of skin texture changes.

_____ I understand that laser hair removal treatments are ineffective on white, grey, blond and sometimes red hair.

_____ I understand that I have been given an estimated treatment plan. Results of hair reduction vary based upon each individual. I am aware I may need more treatments than estimated at my initial consultation.

_____ I understand certain prescriptions or over counter medications or various medical conditions can render my skin more sensitive to the laser. Therefore, I agree to fully disclose any and all medication use, as well as any medical conditions or allergies I may suffer from. I agree to full disclosure for the duration of hair reduction treatments.

_____ The risks and benefits of **Candela GentleLASE**, laser therapy have been explained to me and I have been given an opportunity to ask questions. I therefore, release the Body Laser Center, medical staff and specifically the technicians from liability associated with the laser procedure.

_____ I understand discounts will no longer apply if the packages are broken, in this case the regular per-session price cost will be deducted prior to a refund.

_____ I freely consent to the proposed treatments and guarantee to make agreed upon payments when due.

Patient Name

Patient Signature Date

Parent/Legal Guardian Signature Date

Technician Signature Date