

Date

Referred by:

Name & Surname: asdf

Address: asdf

City: asdf Phone: asdf

Areas to be treated: 33

Date of birth: 2020-10-01 Email: smartdeveloper33@g

Are you under a doctor's care? Yes No

Do you use any of the following? Beta Hydroxy Yes No Retin A

Chemical Peels Yes No Alpha Hydr

List all currents medication (include hormones, steroids, male hormones-creatine, vitamins)

Medical History

Acne Yes No Have taken Accutane

Comment:

Consent for Laser Hair Removal

I understand that Soprano Lite is a device used for laser treatment and the clinical results may vary in different effects such as blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as permanent discoloration.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and I can be given as to the final result obtained. I'm fully aware that my condition is a cosmetic concern, and that I desire to do so.

Clinical results may vary depending on individual factors including medical history, skin type, hair type, patient's age, as patient commitment and individual response to treatment.

I confirm that I'm not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have any other medical conditions that would contraindicate this treatment.

I consent to the taking photographs and authorized their anonymous use for the purpose of medical audit, education and research.

I consent that I have been given the opportunity to ask questions and that I have read and fully understand the information provided to me.

I hereby certify that all information that I have provided has been accurate and truthful. I acknowledge that I have read the risks, conditions, limitations and complications associated with this treatment. I further acknowledge that these risks, conditions, limitations and complications have been explained to me by the healthcare provider. I consent to treatment. I agree to follow all post treatment care instructions provided to me. I also acknowledge that I have read, understood and accepted the above risks, conditions, limitations and complications.

Name:	asdf
Date:	2020-10-01
	Signature