Date: 2020-10-02

Referred by: asdf

Name & Surname: asdf

Addres s: asdf

Postal C ode: asdf

City: asf

Phone: 123

Best time to call or txt: sadf

Areas to be treated: 33

Date of birth: 2020-10-02

Email: smartdeveloper33@gmail.com

Are you under a doctor's care? ○ Yes ○ No

Reason

Do you use any of the following? Beta Hy droxy ○ Yes ○ No

Retin A Product ○ Yes ○ No

Chemical Peels ○ Yes ○ No

Alpha Hydroxyl Acid ○ Yes ○ No

List all currents medication (include horm ones, steroids, male hormones-creatine, vi tamins)

Medical History

Acne ○ Yes ○ No

Have taken Accuta ne ○ Yes ○ No

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 skin types. I understand there is possibility of short term effects such as blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as uncommon side effects such as scarring and permanent discoloration.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications and I understand that no guarantee can be given as to the final result obtained. I'm fully aware that my condition is a cosmetic concern, and that the decision to proceed is based solely on my expressed desire to do so.

Clinical results may vary depending on individual factors including medical history, skin type, hair type, patient compliance with pre/post treatment instructions, as well 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 a pacemaker or internal defibrillators.

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

I consent that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this form.

I hereby certify that all information that I have provided has been accurate and truthful. I acknowledge the above risks, conditions, limitations, and complications. I further acknowledge that these risks, conditions, limitations and complications have been explained to me and that I accept these risks and consent to treatment. I agree to follow all post treatment care instructions provided to me. I also acknowledge that I have been provided adequate time to read, understand and accepts the above risks, conditions, limitations and complications.

Name: asdf

Date: 2020-10-02

Signature