Informed Consent to Treat: Laser Treatments



I have been informed of the risks associated with cosmetic laser services including; hyper and hypopigmentation, burning, scarring, hives, blistering, redness, swelling, itching and other similar side-effects and reactions. confirm that all of the following are accurate:

- I have not had UV exposure on the treatment area(s) for at least 7 days prior to my treatment and I will avoid UV exposure for 7 days after my treatment.
- I have **not** experienced a UV tan or burn for at least 2 weeks prior to my treatment.
- I have not applied any self-tanning products within the last 7 days.
- I did **not** experience any serious adverse reactions from my previous laser treatment.
- I have not started any new topical or oral medications or skin care programs since my last treatment, and if so, I have written the medications in the "Notes" section below.
- I do not have any new medical conditions, and if so, I have written the medical conditions in the "Notes" section below.
- I have not used any Retin-A (acne treatment), salicylic acid, beta/alpha hydroxy acids, benzoyl peroxide, or other similar prescription or over-the-counter products in the last 7 days.
- I am not pregnant or on my menstrual cycle.
- My body Temperature has not elevated for 2 hours prior to this treatment, and will not be for at least 2 hours.
- I agree to wear protective eye wear during each treatment. I understand that failure to do so may result in damage to my eyes.

If any of the above statements is inaccurate then I understand that Simplicity strongly recommends I reschedule my treatment. If I choose to continue with my treatment then I accept:

- 1. the increased likelihood of experiencing the side-effects listed above; and
- 2. the increased likelihood that I will not receive optimal results from this treatment; and
- 3. that my money will not be refunded due to side-effects or lack of desired results.

Client Signature	Date	Notes	Rest. Gel Post	SPF Post	Tech Initials
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