

Ultimate Image MedSpa Laser Hair Removal Consent Form

I, _____, authorize an Ultimate Image MedSpa Laser technician to perform Laser Hair Removal/Skin Tightening/PhotoFacial using the Candela GentleYAG/Lase/Max. My preferred pronouns are _____. (optional)

Please read and initial the following:

_____ I understand that the laser used is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, leg veins and other vascular lesion treatments, of which I am consenting to be a client.

_____ I understand that my eyes will be covered with Laser/IPL specific safety eyewear or an opaque material to protect my eyes from the intense light. I will not attempt to remove the eye protection during treatment.

_____ I understand that Ultimate Image MedSpa will do their best to honor my technician request, but I do understand that my request may not always be honored due to schedule or staffing changes.

_____ I have been informed of the possible risks and complications of this procedure including but not limited to:

- Purpura (red-purple discoloration, bruising)
- Itching (hive-like response which lasts 2-3 hours to 2-3 days)
- Herpes simplex virus activation (only applicable to clients with pre-existing condition)
- Burns, blisters, scabbing, crusting, skin color and /or textural changes
- Hyperpigmentation (darkening of the skin; transient or long term)
- Hypopigmentation (lightening of the skin; transient, long term or possibly permanent)
- Scarring (rare, possibly permanent)
- Hair growth stimulation (rare but possible)

_____ I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, client compliance with pre- and post-treatment instructions, and individual response to treatment.

- More than 6 sessions may be needed for the best results.
- Laser Hair Removal is not effective on areas with gray, blonde or red hair.

_____ A cryogen spray skin cooling device will be used during the procedure to decrease discomfort and protect the skin.

_____ I understand that immediately following the laser treatment redness, swelling, discomfort, bruising, and discoloration may develop at the treatment site. I understand that any discoloration may last 7-14 days, and swelling should resolve within several days. Discomfort may be treated with the application of cool compresses or topical soothing agents like aloe or hydrocortisone.

_____ I will be given complete instructions regarding pre and post-care of the treated area. It is important to follow pre and post-care instructions carefully to minimize the chance of incomplete healing, textural skin changes or scarring.

_____ No sun exposure 2 weeks pre and post treatment. Use of a sunblock is strongly recommended. Any form of tanning should be avoided.

_____ I confirm that I have informed the Ultimate Image MedSpa technician regarding any current or past medical condition, disease or medication taken.

_____ I understand that I am the only one permitted in the treatment room unless I am a minor, need a translator or medical aide.

_____ I am not pregnant or breastfeeding (female clients). I will notify Ultimate Image MedSpa upon becoming pregnant.

_____ Children under 18yrs of age must always be supervised. Ultimate Image MedSpa is not responsible.

_____ Pets will not be permitted on Ultimate Image MedSpa Property. If you have a service dog, they will be permitted for the consultation but not the treatment. If you require assistance, please bring an aid.

Laser Hair Removal Consent Form (cont'd)

_____ I understand in the event that I have multiple no show/late cancellations, Ultimate Image will require a valid credit card on file.

_____ I understand that Ultimate Image has new client and monthly promotions. I understand that I can utilize the new client promotions on one area only.

_____ No food, drinks or weapons are permitted on Ultimate Image MedSpa Property.

_____ I certify that I have read and fully understand the contents of this consent form including the risks and contraindications.

_____ 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 result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

_____ To those under age **18** we require the presence of a parent on the first consultation and a signature below from a parent.

Parent Signature: _____ **Date:** _____

Current Skincare Routine

We'd love to learn about your current skincare routine – the information below will help us create a personalized treatment plan using medical-grade products that better address your specific skin needs.

Cleanser	Y or N	Toner	Y or N
Product Details:		Product Details:	
Moisturizer	Y or N	Mask	Y or N
Product Details:		Product Details:	
SPF	Y or N	Retinol	Y or N
Product Details:		Product Details:	
Serum(s)	Y or N	Eye Cream	Y or N
Product Details:		Product Details:	
Exfoliant	Y or N	Other	Y or N
Product Details:		Product Details:	

Is there a specific concern or goal you're hoping to address (ex: acne, anti-aging, hydration, pigmentation)?

Medical History			
Pacemaker/Defibrillator	Y or N	Active Skin Infection (e.g. psoriasis, eczema)	Y or N
Metal Implants	Y or N	Skin Disorders (e.g. keloids, abnormal wound healing)	Y or N
Current or history of skin cancer/other cancer/pre-malignant moles	Y or N	History of bleeding disorders	Y or N
Severe Concurrent Medical conditions (e.g. cardiac disorders)	Y or N	Use of medication/herbs inducing photosensitivity	Y or N
Pregnant or Nursing	Y or N	Facial laser resurfacing/deep chemical peeling (last 3 months)	Y or N
Impaired Immune System	Y or N	Needle epilation, waxing, tweezing (last 6 weeks)	Y or N
Diseases stimulated by light (e.g. Lupus, Porphyria, Epilepsy)	Y or N	Tattoo or permanent makeup	Y or N
Diseases stimulated by heat (e.g. Herpes Simplex)	Y or N	Tanned Skin	Y or N
Endocrine Disorders (e.g. diabetes, PCOS)	Y or N	Saphenous Insufficiency	Y or N
Surgical Procedures	Y or N	Botox/Fillers	Y or N
List any medications taken (includes topical and non-prescription)			
List any allergies			
Detail any medical condition			
Other Considerations			

To determine skin type, check one of the following:

Type	Color	Reaction to Sun
<input type="checkbox"/> I	White	Always burn/never tan
<input type="checkbox"/> II	White	Usually burn/tan with difficulty
<input type="checkbox"/> III	White	Sometimes mild burn/tan with ease
<input type="checkbox"/> IV	Med. Brown	Rarely burn/tan with ease
<input type="checkbox"/> V	Dark Brown	Rarely burn/tan very easily
<input type="checkbox"/> VI	Black	Never burn/tan very easily

I have truthfully presented all my medical history above. If anything changes, I will contact Ultimate Image MedSpa immediately.

Client Signature: _____ **Date:** _____

Pre and Post Care - Laser Hair Removal/Skin Tightening/Photo Facial

Pre-Care:

- **Avoid sun exposure for 2 weeks before and after your treatment.**
- Avoid electrolysis, tweezing, threading, bleaching, depilatory products, and/or waxing for 4 weeks prior to treatment.
- **PLEASE** closely shave the treatment area(s) as the day before or day of your appointment.
- If you have history of herpes, prophylactic antiviral therapy must be started the day before treatment and continued one week after treatment.
- The use of tanning creams, tanning beds, or bronzers must be discontinued 2 weeks before and 2 weeks after treatments.
- **RECENTLY TANNED SKIN CANNOT BE TREATED.** This includes tan from tanning beds, creams and bronzers.
- **Accutane must be stopped 9 months before laser treatments.**
- **Over the counter Retin-A, Retinols, Glycolics, Salicylics should be avoided on the treatment area 3 days prior to treatment.**
- **Prescription strength Retin-A, Retinols, Glycolics, Salicylics should be avoided on the treatment area 2 weeks prior to treatment.**
- If Botox is done in a treatment area, you must wait 2 weeks after for treatment. If Filler is done in a treatment area, you must wait 4 weeks after for treatment.
- Laser Hair Removal is not effective on grey, blond and red hair.

******* All makeup must be removed before treatment. *******

Clients Initials _____

Post-Care:

- Immediately after treatment there may be erythema (redness) and edema (swelling) at the treatment site. This usually last 2 hours or longer. On rare occasion, the erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment but it will subside.
- Avoid picking or scratching the treated areas. If a blister or crusting appears, or you have a histamine reaction (itching) please call Ultimate Image. You may need antibiotic ointment or hydrocortisone cream. This is a possibility with any laser treatment.
- Hydrocortisone and sunscreen may be used post-treatment.
- No heat exposure like saunas, steam rooms, Jacuzzis, extremely hot showers or strenuous activities for a minimum of 48-hours post-treatment.
- **NO WORKING OUT FOR 24 HOURS AFTER TREATMENT!**
- Avoid sun exposure. You are at risk for hypopigmentation or hyperpigmentation if you do get sun exposure. **Wear Sunscreen SPF 50 or higher.**
- Avoid exfoliating scrubs or brushes for 24-48 hours post-treatment.
- Avoid electrolysis, tweezing, threading, bleaching, depilatory products, and/or waxing. This can disturb the hair follicle which will affect your treatment outcomes. **Shaving is the only option between treatments.**
- Up to 2-weeks post-treatment, you may notice hair falling out of the treated areas. This is not new growth, this is your laser treatment working! (**Note:** You can clean/remove the hair by washing or wiping the area with a wet cloth.)
- **Treat your skin gently for at least 24-hours after your treatment.**

Clients Initials _____

Agreement of Assumption of Risk & Release of Liability

By completing the fields below, you agree that you have read and understand the forgoing risks as well as understand that there may be additional risks that are not enumerated herein and that we are not presently aware of. You agree to assume these risks and to release Ultimate Image MedSpa and its owner and its staff of any and all liability associated with these and other risks regardless if we are negligent or otherwise at fault. By completing the information below, you acknowledge that you make the election to have laser hair removal performed by us on your person, and that you do so under agreement with these terms willingly and without reservation.

I have read and understood all information presented to me before signing this consent form.

Client Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____

Cancellation and No-Show Policy

Your treatment schedule is very important to us. We make every effort to keep all clients within the proper time period for optimum results, however, we understand that life happens, and you may need to reschedule. In consideration of others, we **require** at least 24 hours of notice for cancellations.

Late arrivals: We will do our best to accommodate. Rescheduling will be necessary if our schedule cannot permit the time.

We are available via phone at 972-800-2127 during our business hours OR you may submit your request to info@UltimateImageSkincare.com

Late Cancellation Fee: Clients who cancel their appointment on the same day will be charged **\$35**.

No Show Fee: Clients who completely miss their appointments without giving us any prior notification or cancellation at the time of the appointment will be charged **\$50** or lose the scheduled service.

Shaving Policy

To avoid any shaving fees, **please** shave within 24 hours of your laser appointment.

Shave Fees:

Small - \$20

Medium - \$30

Large - \$40

~~~ **ALL SALES ARE FINAL** ~~~

I have read and understood all the information presented above.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_