

**Laser Hair Removal Consent**

In signing this document, I give permission to the esthetic staff of EGEA Spa to perform six laser hair removal treatments.

I understand that the goal of this procedure is the gradual permanent reduction of my hair. I understand that every individual is unique, and it is very difficult to guarantee a specific number of treatments needed. It is expected that I will require a minimum of six treatments for the body and a minimum of six to eight treatments for the face. \_\_\_\_\_initials

I agree to call EGEA if I have any difficulty after my treatment. The number to call is: (847) 332-2772 \_\_\_\_\_initials

I acknowledge that I have not waxed the treated area within the six weeks prior to beginning treatment nor have I tweezed or threaded the hair from the area being treated. I will not wax, tweeze or thread between treatments. I acknowledge that I have not been tanning for the previous FOUR weeks. \_\_\_\_\_initials

Although uncommon, I understand that complications can occur. It has been explained to me that these complications include: a sunburn feeling, redness, local tenderness and mild swelling, occasional blistering, rare pigmentation changes and scarring. \_\_\_\_\_initials

I understand that how I take care of my skin after treatment influences my risk of complications. I agree to wash my skin gently twice-daily and apply an antibacterial cream for the first week after each treatment. I agree to stay out of the sun or to use sufficient sun block for FOUR weeks following each treatment. I agree to call EGEA if I develop any markings on my skin after treatment, and I will not pick at them. \_\_\_\_\_initials

I have not taken Accutane within the last 12 months. \_\_\_\_\_initials

I am not currently pregnant. I will inform the esthetician if I become pregnant during the treatment period. \_\_\_\_\_initials

I am not allergic to topical anesthetics. \_\_\_\_\_initials

If I have forgotten to tell the esthetician of any health problems, medications, allergies, or other important information, I will do so now. And I will inform the esthetician of any health related changes I have throughout the course of my 6 laser hair removal treatments. \_\_\_\_\_initials

I hereby give my permission to undergo six laser hair removal treatments.

Client Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_