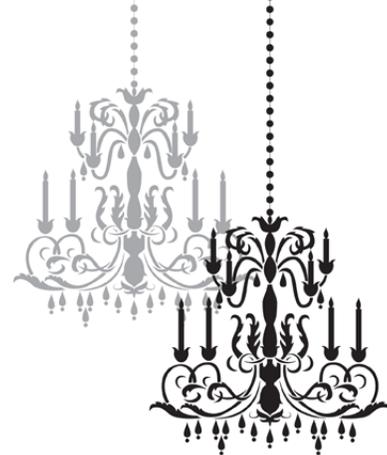


Locks & Lashes

salon



INFORMED CONSENT FORM

Locks and Lashes appreciates your patronage and interest in laser hair removal and skin rejuvenation. Please read and fill out this Client Disclosure form completely.

Name: _____

Address: _____

Email: _____ Age: _____ Phone #: _____

You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

CLIENT DISCLOSURE

Please read the statements below, putting your initials before each one:

_____ The goal of laser hair removal is the gradual, permanent reduction of hair in unwanted areas. Every individual is unique which makes it difficult to guarantee the specific number of treatments needed. Results vary with the individual depending on skin color, hair color, hair density, hormones and medications. It is expected that I will require on average 6 treatments and possibly more. Touch up treatments will be needed in the future.

_____ Hair that is white, blonde or red may not respond to laser hair removal.

_____ Laser hair removal is not recommended for tanned patients until the tan has faded. If tanned skin is treated the outcome may not be as successful as on not tanned skin. Sun exposure must be avoided between treatments and for 6 weeks before or after treatments. This includes sun exposure and tanning beds. Artificial tanning products must be discontinued 2 weeks prior to treatments. Test patch treatments may be done to evaluate skin responsiveness.

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_____ Eye damage may occur if protective eyewear provided is not worn.

_____ Loss of pigmented lesions such as freckles and moles may occur if in the treatment area.

_____ Expected side effects such as discomfort, redness and swelling can occur and usually subside in 1 to 3 days. Rarely, bruising, blistering, and/or infection can occur and usually requires 1 to 3 weeks to heal. Scarring may occur after blistering. Pigment changes such as hypo-pigmentation (lightening) or hyper-pigmentation (darkening) are very rare and usually resolve in 3 to 6 months but can be permanent. There may be risks not yet known at this time.

_____ A small percent of people do not respond to laser/light therapy. This may not be determined until after a few treatments.

_____ There may be an increased occurrence of side effects if I do not follow the aftercare instructions.

_____ Laser hair removal treatments are not recommended under certain medical conditions such as heart disease, diabetes, cancer, history of keloid scarring, pregnancy, breastfeeding or active infection such as cold sores or genital sores. If I am on photosensitizing medication such as Accutane, hair removal is contra-indicated.

_____ I acknowledge that any information provided by me is true, to the best of my knowledge.

_____ I fully understand that Locks and Lashes only provides beauty services; there is no medical treatment involved.

_____ I realize that with any beauty service there may be certain risks which must be understood.

_____ I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree to free Locks and Lashes and their employees from any and all claims or suits for damage, for injuries or complications resulting from any beauty service provided by Locks and Lashes.

_____ The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

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_____ I will inform the technician if my medical condition changes over the course of treatment.

By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and that I consent to have the above beauty service.

Signature: _____

Full name: _____

Date: _____