



THE SPA AT TEN

Laser Hair Removal Consent Form

The purpose of the Cynosure Elite MPX Laser Hair Removal System is to remove unwanted body hair. The Elite MPX gives you the advantages of two gold standard wavelengths – the 755 nm Alexandrite laser and 1064 nm Nd:YAG laser – in one system. These wavelengths have proven long-term results for hair reduction. The Nd:Yag is also proven safer for darker skin types and also perfect for treating facial and leg veins. During laser hair removal, a laser beam passes through the skin to an individual hair follicle. The heat of the laser damages the hair follicle, which inhibits future hair growth. This procedure works on the growing hairs (anagen) and not on dormant hairs.

I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I understand I may experience fewer, thinner, slower re-growth of hairs, temporary hair loss and/or permanent hair reduction. I understand that it is only effective on hair with color and will not treat white, grey, blond, or red hair.

Client Initials _____

I confirm that I have none of the known conditions that could make treatment contraindicated, such as:

- 1) Pregnancy or lactation
- 2) Active herpes simplex (cold sore) in treated area
- 3) History of keloid scarring
- 4) Use of medications that increase photosensitivity
- 5) Use of Accutane® in past 6 months
- 6) Excessive UV light exposure 3 weeks prior to treatment or current tanned skin

Client Initials _____

I understand there is a possibility of short-term effects such as redness, itching, swelling, blistering, welting, bruising, pain, tingling or numbness. Although rare, other side effects such as infection, hypo or hyper pigmentation and new growth of treated hair can occur.

Client Initials _____

I understand prolonged or excessive sun exposure, tanning, or tanning beds within the last three weeks is not allowed prior to treatment. Spray tanning and bronzers must be removed prior to treatment. No UV exposure 3-5 days post treatment.

Client Initials _____

The area to be treated must be shaven within seven days prior to treatment. Shaving is required throughout the treatment plan. No waxing, tweezing, threading or hair removal creams can be used to treated areas between appointments.

Client Initials _____

I understand that photos may be taken for my medical records.

Client Initials _____

I understand no guarantee can be given as to final results. I certify that I have read and fully understand the above information. I have had sufficient opportunity for discussion. All my questions have been addressed and answered to my satisfaction.

Client Signature: _____ **Date:** _____