



PATIENT CONSENT FOR LASER HAIR REMOVAL

I authorize The Medical Spa @ GMG to perform LightSheer®DESIRE™ Laser Hair Removal treatments on me to achieve hair reduction. I understand that there is a **rare** possibility of side effects or complications such as discoloration or scarring. I agree to follow all pre and post treatment instructions in order to reduce this possibility. I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and will increase the chance for complications. The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered. Pre and post-care instructions have been discussed and are completely clear to me. I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required.

Y N Has the treatment area been exposed to natural or artificial sun exposure in the past 2 weeks?

Y N Have you used self-tanners or tan enhancers within the past 3 weeks?

Y N Are you currently taking any photosensitizing medications or supplements?

Y N Are you pregnant, suspect you may be pregnant, or currently nursing?

Y N Is there a presence or history of active cold sores or herpes simplex virus?

Y N Have you ever had skin cancer?

Y N Have you taken Accutane (Isotretinoin) within the past year?

Y N Have you had any previous hair removal procedures on requested treatment area?

My signature certifies that I have duly read and understood the content of this informed consent form, and gave the accurate information as to my health condition. I hereby freely consent to LightSheer®DESIRE™ Laser Hair Removal treatments.

Date_____

Patient Name (please print)_____

Patient Signature_____

Witness (please print)_____

Witness Signature_____