



Consent for Treatment for Hair Reduction/Modification with EpiLaze 810 diode Laser System.

I, _____, authorize and consent to the treatment of Hair reduction/modification with the EpiLaze 810nm Diode laser System manufactured by Rohrer Aesthetics, LLC.

I have been advised by, _____ of _____, of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that that more than 1-treatment may be required. _____ (initials)

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring can occur . _____ (initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure. _____ (initials)

I understand that the possible benefits are the reduction and possibly the elimination of unwanted body hair.

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. _____ (initials)

I hereby authorize the taking of photographs. _____ (initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician, and the staff at the office of _____ from any and all liability, damages, cost and expenses arising from or out of the use of the EpiLaze 810nm Diode laser for treatment of hair reduction/modification. _____ (initials)

With all of the above information understood, I am choosing to be treated with the EpiLaze 810nm Diode laser System.

Signature

Print Name

Date